

Collection Gift Form

Thank you for selecting a gift to the Defiance Public Library System as a means of honoring or remembering a loved one. To proceed, we need some information. Please complete this form and return to Defiance Public Library, Sherwood Branch Library, or Johnson Memorial Library:

Name of person giving gift	(donor):		
Address:			·
Telephone Number: (per: () Date of Donation		Donation
Kind of gift (check one): M	emorial Anniversary	_ Birthday	Birth of a child
Other, please specify			
Name of person(s) being re	membered or honored as it	should appea	r on the bookplate:
Name of the donor(s) as yo	u wish it to appear on book	plate (optiona	I):
Name and address of perso	on to notify of the gift:		
Amount of gift:	(Please make	checks pavabl	e to Defiance Public Library)
Type of material you would			,,
Book (Children's or A	•	,	
Audiovisual			
Other, please specify			
Suggested subjects or titles			
	To be completed by DPLS s Ordering Information: Ordered Date: Paid or Invoice	staff Cost:	(not disc)

If you do not have a preference, our Library Department Heads will select an appropriate item. A bookplate will be affixed to the item indicating the person being honored and the donor. A letter will be sent to the donor, as well as the recipient, indicating a gift has been given in their name. In the case of a deceased person who is being remembered, the letter will be sent to a family member when the name and address is noted.

Cc: Fiscal Office, Memorial Book Recorder