

Contributor Information (Donation receipts will be mailed to this address)

Name			Date (d/m/y)		
Address					
		Postal	l Code		
Telephone Home (_)	Business ()_			
E-mail					
Donation Detai	ils				
☐ Monthly ☐	One-Time				
Gift Amount	\$25 🗆 \$50 🗆 \$	100 □ \$250 □ Othe	r \$	_	
Designation					
I would like my donation to go towards:					
□ Other (specify)					
Recognition					
$\hfill \square$ My gift may be publicly acknowledged in the name of:					
☐ I wish my gift to be anonymous					
Type of Gift (if	applicable)				
☐ In honour of	☐ In memory of	☐ Teacher appreciation			
Nama				(over)	

Occasion (pleas	se indicate)	
Please send an	acknowledgement of this gift to:	
Name		
Address		
		Postal Code
Email (preferre	·	
Payment In	formation	
□ Cash	☐ Cheque (payable to Provincial I	nformation & Library Resources Board)
□ Debit (availal	ble at A.C. Hunter)	
☐ Credit Card (v	via PayPal)	
	THAN	NK YOU!
Charitable rece	ipts will be issued for gifts of \$10 or	r more
INTERNAL USE Tax Receipt Issi	ONLY: ued by	Date

WAYS TO DONATE

In Person: visit any branch of NL Public Libraries By Phone: call 709-643-0900 Online: visit nlpl.ca

By Mail: send this form to 48 St. George's Avenue, Stephenville, NL A2N 1K9

