



# Donation Form

STAFF ONLY: Check # \_\_\_\_\_  
Cash \_\_\_\_\_ Other \_\_\_\_\_  
Rec'd by \_\_\_\_\_ on (date) \_\_\_\_\_

## DONOR INFORMATION

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my gift to the Hussey-Mayfield Memorial Public Library of \$ \_\_\_\_\_

### A MEANINGFUL GIFT OPPORTUNITY

*Please note the gift amount below. Gift use will fill the greatest need, as determined by Library staff.*

\_\_\_\_\_

### A MONTHLY RECURRING GIFT OPPORTUNITY

*Billed monthly to a credit card. You will be contacted to arrange payment.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### A GIFT FOR THE COLLECTIONS

*Please accept my gift of \$25 per book:*

- ☐ Children book(s)  
☐ Teen book(s)  
☐ Adult book(s)

\_\_\_\_\_

\_\_\_\_\_

### MAKERSPACE DONATIONS

- ☐ Please accept my donation of \_\_\_\_\_  
directed toward the needs of the MakerSpace programs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEMORIALS & TRIBUTES

- ☐ In Memory of ☐ In Tribute to  
fill in the name(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Presented By \_\_\_\_\_

Special gift plate request (i.e., "In honor of Jamie's 5th birthday) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please send acknowledgement to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Your gift amount remains confidential.**

- ☐ I'm interested in learning more about  
planned giving opportunities

*Thank you for your donation!*

**Hussey-Mayfield Memorial Public Library**  
**Attn: Kaki Garard, Director of Advancement**  
**250 N. Fifth Street**  
**Zionsville, IN 46077**

