

Donation Form

This donation is:	In memory of	In honor of	On the occasion of
I would like my dor		l Youth	Teen Adult
	nount of \$ Library. All donations to the l		
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City, State, Zip			
Please print the na	me of the person(s) or organ	nization making this do	nation:
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City, State, Zip			
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Please return this form along with payment to: Washington Public Library, 410 Lafayette St, Washington, MO 63090 Fax: 636-239-1744 Email: library@washmo.gov