

Scranton Library Memorial Gift Form

Please print and mail to:
Scranton Library
P. O. Box 631
Madison, CT 06443

In Memory of: _____

Gift of: _____

~~~~~

Your name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Please notify of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

~~~~~

Check Cash Visa Mastercard

Card# _____

Expiration Date: _____

Or call the Library, 203-245-7365 Extension 20 - Bookkeeper

Enclosed is my company's matching gift form

As always, your contributions are tax deductible to the full extent allowed by law.

Thank you for your gift.