



## ***Donation Gift***

*Scranton Memorial Library's mission is to improve the quality of life for all Madison residents by providing access to information, fostering lifelong educational and cultural learning, and cultivating relationships among our residents through the exchange of ideas.*

Date \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Amount of Donation \$ \_\_\_\_\_

Payment Method:

Cash \_\_\_\_\_

Check # \_\_\_\_\_ Payable to "Scranton Memorial Library"

VISA/MC/AMEX Card # \_\_\_\_\_

Exp \_\_\_\_\_ CVV \_\_\_\_\_

\_\_\_\_ Yes, I will submit the required forms to my employer so that my gift will be increased with a matching gift.

***The E.C. Scranton Memorial Library is a 501(c)(3) non-profit organization  
and donations are tax deductible to the full extent allowed by law.***

*Mail this completed form to:*

Development Manager  
Scranton Memorial Library  
801 Boston Post Road  
Madison, CT 06443

Or, go to [scrantonlibrary.org](http://scrantonlibrary.org) and click SUPPORT YOUR LIBRARY to donate!

***Thank you for your support of our library!***

Office use only (initial + date) NEON \_\_\_\_\_ TY \_\_\_\_\_ Other \_\_\_\_\_ Closed \_\_\_\_\_

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