



Honor or Memorial Gift

Date _____

Your name _____

Email _____

Address _____

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.

Name of person(s) to be honored _____

___ Honor or Memorial
___ Birthday ___ Anniversary ___ Thank you ___ Congratulations ___ Holiday ___ Other

Individual to be notified of honor or memorial gift (honoree or relative/friend of deceased)

Name _____

Mailing Address _____

Subject preference _____

Type of material ___ Book ___ Audiobook ___ CD ___ Other ___ Adult ___ Teen ___ Children's

Inscription for Book Plate _____

***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 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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