



# Donation Gift Form

*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: \_\_\_\_\_

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

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:

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

Or, visit [scrantonlibrary.org/support-the-library](http://scrantonlibrary.org/support-the-library) to donate!

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

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

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