

Donation Form

GENERAL INFORMATION

Type of Donation:	 The Greatest Need In Honor/Memory Of The Robert Eddy Memorial Library Card Fund 	1
Donor's Name		
Address		
	Email	
Donation Amount:	\square \$15 \square \$25 \square \$50 \square \$100 \square Surprise us! \$	\$
TRIBUTE GIFTS (Suggested minimum d	donation: \$25.00 for adult/young adult materials and \$1	15.00 for children's materials.)
Would you like to m	nake this gift to honor or memorialize a friend, fami	ily member, or other loved one?
□ In H	onor Of	□ Not Applicable
Name of Deceased/H	Honoree:	
Name and address o	f the family to receive a notification card:	
Suggested Materials	s (If the gift is in honor/memory):	
□ Adult:]	Book - DVD - Audiobook	ok - DVD - Audiobook
Subject/Genre/Title:	·	
Thank you for your donation to the Indiana Free Library! We are an exempt organization as described in Section 501(c)(3) of the Internal Revenue Code. Your donation is tax deductible. If you have any questions about your contribution to the library, please contact Lacey at <u>giving@indianafreelibrary.org</u> or (724) 465-8841 ext. 119.		Please make check(s) payable to:
		Indiana Free Library 845 Philadelphia Street Indiana, PA 15701

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