

**North Lake County Public Library District**  
**Monetary Donation Form**

Date: \_\_\_\_\_

Name of Donor: \_\_\_\_\_

Donor's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Paid by:      Check      Cash      Credit Card

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Purpose of Donation:      Memorial      Honorarium      General Gift

*If a Memorial or Honorarium, who is it for:*

\_\_\_\_\_

Who should we send an acknowledgement to?

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Relationship to deceased/honoree: \_\_\_\_\_

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Would you like the gift directed to:

Collection (Books, DVDs, Audiobooks)

Programming: \_\_\_\_\_

Other restricted gift: \_\_\_\_\_

Library's Choice

For items purchased for the collection, would you like a book plate placed in the item?

Yes      No

Special Notes: \_\_\_\_\_

\_\_\_\_\_

Email this form to: [abbid@polson.lib.mt.us](mailto:abbid@polson.lib.mt.us) or Mail to: 2 1st Ave. E, Polson, MT 59860

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