

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

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: _____

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: director@northlakecountylibrary.org or Mail to: 102 1st. St. E, Polson, MT 59860

Revised: 12/10/2024