

Petoskey District Library
500 E. Mitchell Street
Petoskey, Michigan 49770

MATERIALS DONATION FORM

Date: _____

Donor Information

Gift amount: \$ _____
(minimum of \$25)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

In Memory or Honor of: (OPTIONAL)

Name & address of person to notify about gift:

Suggested subject area for item:

Verbiage for Bookplate:

Staff Use Only: Please date & initial when task is completed (return completed form to Jodi)

Name of Item: _____

Author: _____

Item ordered: _____ Book Cataloged (w/590) _____

Bookplate completed and affixed to book: _____

TY to donor: _____ Acknowledgement to honoree: _____