

SAN DIEGO PUBLIC LIBRARY – DONATION FORM

Donor Information

Name(s):

Address:

City: State: Zip:

Email: Phone Number:

Gift Designation.....

Library Donations Matching Fund	Branch / Section / System-Wide	Donation Amount (\$)
Greatest Need	_____	_____
Programs	_____	_____
Equipment	_____	_____
Materials (e.g. Books)	_____	_____
Other/Notes:	_____	_____
	Total Amount (\$)	_____

Gift Payment.....

My check is enclosed payable to: **Library Foundation SD** (or San Diego Public Library Foundation)

This is a special gift In Memory of / In Honor of (Optional)

Please send an acknowledgement of my tribute or memorial gift to:

Name(s):

Address:

City: State: Zip:

Email: Phone Number:

Other Information

Please keep my gift anonymous. I understand that I will not be included in donor listings.

I am interested in hearing about my options for leaving the Library a legacy gift.

The Foundation has been remembered in my / our will or estate plan.

I would like to receive a monthly email about library programs and events.

Please mail: **Library Foundation SD** P.O. Box 120391 Questions? SWilkins@LibraryFoundationSD.org
 San Diego, CA 92112 Contact: (619) 238-6695

Thank you for supporting the partnership between the City of San Diego and Library Foundation SD, a 501(c)(3) charitable organization (Tax ID #33-0959608). All gifts are tax deductible, to the extent allowed by law.

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Date Received:

Received By:

