

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
San Diego, CA 92112

Questions?
Contact:

SWilkins@LibraryFoundationSD.org
(619) 238-6695

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Date Received:

Received By:

