This donation to the Canton Public Library Gift/Memorial Donation program is made by:

Name

Address

City    State    Zip Code    Phone

Relationship to honoree:

In Memory of: __________________________________________________

In Honor of:    __________________________________________________

* Amount of Donation   __________________________ Check No: ___________________________

*Minimum donation $30. Please make checks payable to: Canton Public Library

Please send a gift/memorial acknowledgement to the following:

Name

Address

City    State    Zip Code

☐ Gift  ☐ Memorial    (List additional gift/memorial acknowledgements on reverse side)

Suggested subject areas for materials purchase (list specific titles if available):

________________________________________________________________________

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________________________________________________________________________

CPL USE ONLY:
Check to Office___________ Ordering Librarian_______________ Thank You Sent__________

CPL/Forms: R.3 02/2014 (09/2008)