



Gift / Memorial Donation

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):

CPL USE ONLY:
Check to Office _____ Ordering Librarian _____ Thank You Sent _____