



## DONATION FORM

**Thank you for your donation! We are extremely grateful for your support.**

Please complete the information below and mail this form with your check to:

Mountain House Friends of the Library  
Donations  
579 Wicklund Crossing  
Mountain House, CA 95391

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Email (if you'd like to receive email updates) \_\_\_\_\_

### **Donation Information:**

Amount of gift \$ \_\_\_\_\_

### **Check all that apply:**

- Please use this donation for whatever library programs need it most.
- I'd like to designate this gift to support... (check one box below)
  - Children's Programs
  - Children's materials (books, media, etc.)
  - Adult materials (books, media, etc.)
- Please keep this gift anonymous.
- This gift is in honor/memory of: \_\_\_\_\_.  
(Please send name and address if you'd like us to send an acknowledgement to honoree.)
- I'd like information about becoming a Friend of the Library.