

Hernando County Public Library System
GIFT DONATION FORM

Name (donation received from): _____

Organization (if applicable): _____

Address: _____

Phone: _____

Amount of Donation: \$ _____

(please make checks payable to the Hernando County Public Library System)

Purpose of Donation: In Honor of _____

In Celebration of _____

In Memory of _____

General _____

Send Acknowledgment (if applicable) to:

Name: _____

Address: _____

Optional

Specific title or subject requested? Yes No

If yes, please specify: _____

(If a specific title has been requested, the title(s) has to meet the Library's collection management guidelines and be available through the Library's book vendor. If the title is unavailable, a like substitute title will be selected)

Bookplate requested? Yes No

If yes, instructions: _____

(e.g. In honor of John Smith; In celebration of National Library Week; In memory of John Smith etc.)

I have received a copy of the Collection Management Gift Policy Statement

Signature _____

LIBRARY USE ONLY CIRCULATION

DESK STAFF USE

Today's Date: _____

Received from (branch): BV WH SH EH

Staff initials: _____

Title(s) ordered: _____

Home Branch: _____

Call #: _____

Bar Code #: _____