



## Caldwell Public Library Financial Donation Form

Please return or mail completed form to:

Caldwell Public Library  
1010 Dearborn Street  
Caldwell, ID 83605

### Donor Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Gift Amount & Purpose

Enclosed is my gift of \$\_\_\_\_\_ to support library services in Caldwell. I would like my gift to benefit the following (please choose one):

- Caldwell Public Library Endowment Fund please make checks payable to Caldwell Public Library
- Friends of the Caldwell Public Library please make checks payable to Friends of the Caldwell Public Library

### Designation

Please indicate if this gift is being made in honor or memory of a loved one or if you wish this gift to remain anonymous.

- In honor of \_\_\_\_\_
- In memory of \_\_\_\_\_
- I would like this gift to remain anonymous

### Payment Options

- My check is enclosed payable to the gift recipient above
- Please bill my credit card:

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for supporting Caldwell Public Library!**