

Donation Form

DONOR PERSONAL INFORMATION (please print)	
Name:	
Address:	City/Prov./Postal Code:
Telephone (home):	Telephone (business):
Email:	
GIFT INFORMATION	
I(we) pledge a total of \$ to be paid:	□ Now □ Monthly □ Quarterly (SELECT ONE)
I(we)plantomakethiscontribution intheformof:	Cash ☐ Cheque ☐ Credit Card (SELECT ONE)
Please direct my gift to: ☐ Highest Priority Needs	□ Book For Every Child □ My Branch
☐ Visa ☐ Mastercard ☐ Amex	Credit Card Number:
Expiration Date: Month Year	Name on Card:
IN MEMORY/ IN HONOUR DONATION i.e. Birthday, Anniversary, or other Celebration	
This is a:	
☐ Tribute Gift, in honour of:	
☐ Memorial Gift, in memory of:	
Optional Message:	
Name:	
Address:	City/Prov/Postal Code:
Telephone (home):	Telephone (business):
E-mail:	
☐ I would like to donate online. Please visit www.lpl.ca/do	<u>onate</u>
☐ Please send me an e-tax receipt.	
$\ \square$ I would like more information on how to leave a gift to I	London Public Library in my Will.
☐ I (we) wish to have our gift remain anonymous.	
Signature(s)	Date:
PLEASE COMPLETE AND MAIL THIS FORM TO: London Public Library Fund Development	

All donations of \$20 or more will be issues an official tax receipted. By sharing your email address, you are providing us with consent to communicate with you electronically. Charitable Registration Number 11902 4065RR0001

251 Dundas Street London, ON N6A 6H9