



Heritage Library

Donation Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

I wish to donate \$ _____ to the Heritage Library

I would like to designate this donation as follows:

- Operating Funds for the Library
- In Memory of _____
- To Honor _____
- For a Specific Purpose (Please Specify): _____

Check Enclosed

Credit Card

Type: AE ___ Discover ___ MC ___ Visa ___ Card No. _____ - _____ - _____ - _____

Expires: Mo _____ Year _____ Security Code _____

Name on Card: _____

Card Billing Address (If different than above): _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

Signature _____

The Heritage Library is an all-volunteer non-profit organization. Your gift is important to us. Thank You