FORM 401. DONATION AND ACKNOWLEDGMENT FORM

Thank you for making a gift to the Summit Free Public Library to help us fulfill our mission to inform, enrich or inspire the community. You may choose to celebrate an event or to show someone you care with this gift. In such a case, we will send a special acknowledgment card to you and to the person being honored or a family member of the person being honored. Please provide the following information about your donation:

DONOR INFORMATION:

Name: _____________________________________________

Address: _____________________________________________

Telephone: ____________________________

E-mail: _____________________________________________

DESCRIPTION OF DONATION:

Funds: $ _______ [Amount]

Book(s)* and other Library Materials:
________________________________________
________________________________________
________________________________________
________________________________________

DESCRIPTION OF PERSON OR EVENT BEING COMMEMORATED:

In Honor of:

New Baby: _______ Anniversary: _______ Thank You: _______ Birthday: _______ Graduation: _______ Other: _______

In Memory of: _____________________________________________

Name and Address of Person to be Notified:
________________________________________

Special Instructions: (Do you want a gift plate? Types/Author of materials requested):
________________________________________

CERTIFICATE OF GIFT:

I, _____________________________________________, own the item(s) described above and on any attached sheets (the "Gift") and have full legal right to dispose of the Gift. I hereby unconditionally give, donate, bestow and set over the Gift to the Summit Free Public Library, to be used and/or disposed of by the Summit Free Public Library in its unrestricted discretion; and I waive all present and future rights in, to or over the Gift, its use or disposition for myself, my distributees, and our respective personal representatives.

Donor: _____________________________________________ Date: ____________________________

Library Representative: _____________________________ Date: ____________________________