DONATIONS TO THE:

## FLOSSMOOR PUBLIC LIBRARY

1000 Sterling Avenue Flossmoor, IL 60422 708-798-3600

DATE:	AMOUNT DONATED:	
DONOR NAME:		
	(Please print as it should read on the bookplate, if applicable)	
CONTACT PERSO	ON(If other than donor listed above)	
	(If other than donor listed above)	
ADDRESS:		
PHONE:	<del></del>	
PURPOSE:	Check One: General Donation:	
	Memorial:  Other: (birthday, anniversary, graduation, etc.)	
	If applicable, Person to be Recognized:	
	ii applicable, reison to be necognized.	
	If selecting a book to be plated, please provide the following:	
Person	to be Recognized:	
	(as it should appear on bookplate)	
Title of	Book:(Please provide author or other publishing information.)	
OR		
Author	or Subject Area: 1 <sup>st</sup> choice:	
	2 <sup>nd</sup> choice:	
If applicable, to	whom should notice of your donation be sent?	
	Names	
	Name:	
	Address:	
Office Use:		
Staff member to	aking request: Staff member selecting titles(s):	
Date Acknowled	dgment/Thank you sent: Donation list completed:	