

Orangeburg County Library Gift Program

I would like to contribute _____ to the Gift Program.

As a memorial for: _____ (name)

Or in honor of: _____ (name)

Or other : _____

Subject matter of materials to be selected or suggested titles:

DONOR:

Name: _____ phone #: _____

Address: _____

City/Zip: _____

SEND NOTIFICATION TO:

1. Name: _____

Address: _____

City/Zip: _____

2. Name: _____

Address: _____

City/Zip: _____

If more notifications are to be sent, attach list.

For Library Use

Funds Received: \$ _____ (cash, check # _____)

By: _____ Date: _____

Notification(s) sent: _____ Donor thanked: _____
date date