

Library Gift



Date: _____

Donor name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email address: _____

Amount of gift: \$ _____

Gift:
(please check one) ☐ Gift/
 Memorial Fund ☐ Adopt-a-
 magazine ☐ Endowment
 fund

Gift/Memorial fund

Cash _____ Check _____ (payable to Plymouth District Library) Credit _____

Name on card: _____

Card # _____ Validation code (3 or 4 digits) _____

Expiration month/year: _____ / _____



Send gift announcement to:

Name: _____

Address: _____ State: _____ Zip: _____

Given by: _____

Title subject/format: _____

Bookplate to read: In memory/honor of: _____

Endowment Fund

Payable by check only. Please make payable to: Community Foundation of SE Michigan and indicate **Plymouth District Library** on the subject line. For present-year tax reductions, gift must be postmarked by December 31 and mailed with this form to:

Community Foundation of SE Michigan, 333 W. Fort St., Suite 2010, Detroit, MI 48226-3134

223 S. Main St. Plymouth, MI 48170 734-453-0750 email: Plymouth@plymouthlibrary.org

Staff—please return form to Sandy Young

Staff initials/date _____