

**Charlevoix Public Library**  
220 West Clinton Street  
Charlevoix, Michigan 49720

**BOOK/GIFT DONATION FORM**

**Date:** \_\_\_\_\_

***Donor Information***

**Gift amount:** \$ \_\_\_\_\_  
*(minimum donation of \$25.00)*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

In  **Memory**  **Honor of:** *(OPTIONAL)*

\_\_\_\_\_  
*Name & address of person to notify about gift:*  
\_\_\_\_\_  
\_\_\_\_\_

**Bookplate Verbiage:**

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***Staff Use Only:***

***Please date and initial when task is completed (return completed form to Julie)***

**Name of book:** \_\_\_\_\_

**Author:** \_\_\_\_\_

**Book ordered:** \_\_\_\_\_ **Book cataloged (W/590):** \_\_\_\_\_

**Bookplate done and affixed to book:** \_\_\_\_\_

**TY to donor:** \_\_\_\_\_ **Acknowledgement to honoree:** \_\_\_\_\_

**Newsletter acknowledgement:** \_\_\_\_\_

***Please use a separate form for each book.***