

**LEMONT PUBLIC LIBRARY DISTRICT  
DONATIONS AND MEMORIALS FORM**

Please print and mail this form with your donation to:

Lemont Public Library District  
50 E. Wend Street  
Lemont, IL 60439  
Attn: Sandra Pointon

My Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Donation Amount: \$** \_\_\_\_\_

Specific purpose for donation:

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Programs               | <input type="checkbox"/> Summer Reading Program |
| <input type="checkbox"/> Children's Programs          | <input type="checkbox"/> Teen Programs          |
| <input type="checkbox"/> Technology Purchases         | <input type="checkbox"/> None specified         |
| <input type="checkbox"/> Other (please specify) _____ |   |

Gifts may also be made to the Library in honor or in memory of a person, to celebrate a family event or to mark any special occasion. Book plates are placed in each book and the family can be notified of the donation.

This gift is in memory of: \_\_\_\_\_

This gift is in honor of: \_\_\_\_\_

Please send a notification letter of this honorarium/memorial to:

\_\_\_\_\_

Their address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_+\_\_

You may suggest titles or subject area:

\_\_\_\_\_

Thank you for your donation. Your contribution is tax-deductible to the extent provided by law.

**Please make your check payable to Lemont Public Library District  
or pay by credit card at [www.lemontlibrary.org](http://www.lemontlibrary.org)**