



500 East High Street, Pottstown, PA 19464  
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### GENERAL FUND DONATION

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

Type of Donation (please circle one):      In Honor of      Celebration      Memorial

Name of Donor: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please list any favorite genres, hobbies, or interests of the honored person:

\_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ (Minimum of \$25)      Paid By (please circle):      Cash      Check      Credit Card

**Please complete the applicable section.**

#### **In Honor of / Celebration of**

Name of person being honored: \_\_\_\_\_

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

Celebration of: \_\_\_\_\_

#### **Memorial**

Name of person being honored: \_\_\_\_\_

Address: \_\_\_\_\_  
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**Please return to:      Hollandra L. Chang, Executive Director, Pottstown Regional Public Library  
500 East High Street, Pottstown, PA 19464**

For Staff Use Only

Date Sent

Date Sent

Thank you note \_\_\_\_\_ Notification \_\_\_\_\_