



500 E. HIGH ST  
 POTTSTOWN PA 19464  
 610-970-6551  
 POTTSTOWNLIBRARY@MCLINC.ORG

# Fill the Shelves Donation form

DATE: \_\_\_\_\_

## DONOR INFORMATION

|        |          |
|--------|----------|
| NAME:  | ADDRESS: |
| PHONE: |          |
| EMAIL: |          |

## TYPE OF DONATION:

(PLEASE CIRCLE)    IN HONOR OF    IN CELEBRATION OF    IN MEMORIAL OF

## DONATION AMOUNT:

(MINIMUM \$25.00) \_\_\_\_\_ PAID BY (PLEASE CIRCLE)    CASH    CHECK    CREDIT CARD

PLEASE LIST ANY INTERESTS IN SUBJECT, MATERIAL TYPE, OR GENRE:

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## HONORED PARTY INFORMATION

|          |  |
|----------|--|
| NAME:    |  |
| ADDRESS: |  |

## BOOKPLATE PLATE INFORMATION

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Unless otherwise Noted, each donation will be used towards the purchase of new materials for the Pottstown Library collection. Every item will contain a bookplate that recognizes your special gift. If you do not wish to have a bookplate, please make note of this below.

Is there a special message you would like included on the bookplate?

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\_\_\_\_\_ I do not wish to have a bookplate for my donation

Please Return this form to  
 Mindy Lee M. Lipsky, Executive Director, Pottstown Regional Public Library  
 500 E. High Street, Pottstown, PA 19464

[TO BE COMPLETED BY STAFF]

DONATION DATE \_\_\_\_\_

DONOR NAME \_\_\_\_\_

**MATERIALS PURCHASED**

| TYPE OF MATERIAL | DESCRIPTION | PUBLICATION DATE | QUANTITY |
|------------------|-------------|------------------|----------|
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Thank You for Supporting  
Pottstown Regional Public  
Library!

COMPLETED BY  
STAFF MEMBER: \_\_\_\_\_

COMPLETION  
DATE: \_\_\_\_\_