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# Fill the Shelves Donation form

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

## DONOR INFORMATION

NAME:	ADDRESS:
PHONE:	
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## TYPE OF DONATION:

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## 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:	
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## 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

