

(Attach copy of check here)

(Attach receipt here)



Putnam County District Library Donation Form

Donation Amt. _____ Donor Signature _____
(MUST BE COMPLETED IF CASH IS RECEIVED)

Receipt # _____

Receipt Amt. _____

Please make checks payable to the
Putnam County District Library 136 Putnam Parkway Ottawa, OH 45875

Staff Signature _____

DONOR INFO:

Name _____

Address _____

Phone Number _____

PERSON TO BE NOTIFIED:

Name _____

Address _____

Phone Number _____

TYPE OF DONATION:

(1) Memory of: _____

(2) Honor of: _____

(3) Gift for: _____

LIBRARY LOCATION:

Columbus Grove

Continental

Fort Jennings

Kalida

Leipsic

Ottawa

Ottoville

Pandora

MATERIAL SUGGESTION:

Adult Fiction

Adult Large Print

Adult Non-Fiction

Children's Fiction

Children's Non-Fiction

Local History

Teen Fiction

Teen Non-Fiction

Audio Book

Book

DVD

Music CD

OFFICE USE ONLY:

