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# PUTNAM COUNTY DISTRICT LIBRARY

FIND • DISCOVER • ENRICH • ENLIGHTEN

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

Receipt # \_\_\_\_\_

Receipt Amt. \_\_\_\_\_

Staff Signature \_\_\_\_\_

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

### **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

Teen

Children

### **OFFICE USE ONLY:**

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