



# Yolo Branch Library Donation Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

Recognition – May we include your name in our list of donors?

Yes

No

If yes, please print your name as it should appear for recognition:

\_\_\_\_\_

Memorial or Tribute – This donation in in memory or honor of:

\_\_\_\_\_

Please send memorial acknowledgement to: (name & address)

\_\_\_\_\_

\_\_\_\_\_

My gift will be matched by:

\_\_\_\_\_

Please enclose completed company form.

Mail this completed form with your check to:

Friends of the Yolo Branch Library

P.O. Box 344

Yolo, CA 95697