



**Beaman Memorial Public Library**  
8 Newton Street, West Boylston MA 01583  
www.beamanlibrary.org  
508-835-3711

## Donation Form

Please print, complete and mail this form with your check, payable to the Beaman Memorial Public Library, to the address above.

**Date:** \_\_\_\_\_  
**Gift Amount:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

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I am making this donation in HONOR or MEMORY (circle one) of: \_\_\_\_\_  
 I would like the Library to purchase a gift or memorial book with my donation of \$20 or more and suggest the following title or subject: \_\_\_\_\_

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Please notify the following people of my donation:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_



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## **Receipt**

Please keep this portion for your records.

Thank you for your tax-deductible contribution in the amount of \$\_\_\_\_\_ on  
\_\_\_\_/\_\_\_\_/\_\_\_\_.

A letter acknowledging your gift will be sent as soon as possible to the address listed above.  
Should you have any questions about your donation, please contact the Library Director, Louise  
Howland, at 508 835-3711.

Thank you for your support of Beaman Memorial Public Library!