

**BAY COUNTY LIBRARY SYSTEM
DONATION FORM**

Auburn

Pinconning

Sage

Wirt

BCLS

(CIRCLE ONE)

Date _____

Donation Amount \$ _____

IN HONOR OF

IN MEMORY OF

GENERAL DONATION

(CIRCLE ONE)

(PLEASE PRINT CLEARLY)

NAME(S): _____

DONATION GIVEN BY:

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

If you would like the Bay County Library System to notify a relative or friend of your generosity (without disclosing the amount) please clearly print their name and address below.

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AUTHORS AND/OR SUBJECT(S) TO CONSIDER FOR PURCHASE:

Preferred age group: (circle one)

Children

Teen

Adult

**BAY COUNTY LIBRARY SYSTEM
500 CENTER AVENUE
BAY CITY MI 48708**

08/22/18 board approved