

PLEASE FILL OUT THIS FORM SO WE MAY ACKNOWLEDGE YOUR GIFT

Title:	First Name:	Last Name: _		_
(Mr.,	Mrs., Ms.)			
Street Addres	s:			
City:		State:	Zip:	_
Telephone No	o.:	E-Mail:		_
Donation Am	nount: \$ Donation Method: Check No.:			
This donation	is in memory / honor (ci	rcle one) of:		_
Would you li	ke us to inform someone o	of this donation?		
Name:				
Street Addres	ss:			
City:		State:	Zip:	_
☐ Do you w	ish to remain anonymous			
☐ This gift i	s matchable by my employ	yer		

Please send your completed donation form to:

John C Hart Memorial Library Trustee's Gift Fund 1130 E. Main Street

Shrub Oak, New York 10588

Trustee is a tax-exempt organization described in Section 501@(3) of the IRS code. Your contribution is tax-deductible to the extent allowed by law.