

**BAY COUNTY LIBRARY SYSTEM
DONATION FORM**

Auburn Pinconning Sage Wirt BCLS
(PLEASE CHECK ONE)

Date _____ Donation Amount \$ _____

TO HONOR IN MEMORY OF GENERAL DONATION
(PLEASE CHECK ONE)

NAME(S) _____

SEND ACKNOWLEDGEMENT TO:

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DONOR(S)/GIVEN BY:

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

Preferred format? Book _____ Talking book _____ Music CD _____ DVD _____
Preferred age group? Children _____ Teen _____ Adult _____

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

06/17/09 board approved