



**BAY COUNTY LIBRARY SYSTEM  
DONATION FORM**

Auburn      Pinconning      Sage      Wirt      BCLS      Bookmobile

(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**