



PLEASE PRINT THIS FORM, COMPLETE IT AND MAIL IT WITH YOUR CHECK TO:

Business Office
Park Ridge Public Library
20 S. Prospect Ave.
Park Ridge, IL 60068

Enclosed is my gift in the amount of: \$25 _____ \$50 _____ \$100 _____ \$ _____ (other)

Please use this gift for the Endowment Fund _____ OR

Please use this gift for the following:

Book for the Adult collection: _____ Book for the Children's collection: _____

Audiovisual material (DVD or CD – please specify): _____

Suggested subject or titles: _____

Name of person making the donation: _____

Address: _____

Type of gift (check one) Memorial _____ Anniversary _____ Birthday _____ Birth of a child _____

Other (please specify) _____

Name of person(s) being remembered or honored as it should appear on the book plate (optional)

Name of the donor(s) as you wish it to appear on the book plate (optional)

Name of person to notify of the gift _____

Address _____

Please make check payable to **Park Ridge Public Library**