



St. Clairsville Public Library Donation Form

*Thank you for thinking of the St. Clairsville Public Library in this most generous manner.
If you would like to speak with someone about donating to the library, please call us at
(740) 695-2062.*

Date: _____

Person Making Donation. Name: _____

Address: _____

Phone: _____

Gift Amount: \$ _____

I'd like to make this gift

in memory of: _____

in honor of: _____

Use my donation for:

- greatest need as determined by the library.
- a memorial book with a bookplate noting the person remembered and the donor.

Please send notice of this gift:

- Notice not required.
- Name and address of recipient below:

Name: _____

Address: _____

Make checks payable to:
St. Clairsville Public Library

Deliver or mail to:
St. Clairsville Public Library
108 W. Main Street St. Clairsville, OH 43950

Please allow 6-8 weeks for processing.

Library staff use:		

Payment: _____	Staff Initials _____	Date Acknowledgement sent: _____