

**CHELSEA DISTRICT LIBRARY DONATION FORM**

**Date of receipt:** \_\_\_\_\_

**Section A**

**Staff Member Assisting** \_\_\_\_\_

**Donor's Name** \_\_\_\_\_

**Donor's Phone** \_\_\_\_\_

**Donor's Address** \_\_\_\_\_

**Do you wish to remain anonymous? Yes No**

**If no, how would you like your name to appear?** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **(circle cash or check)**

**Section B**

**Other: Please describe** \_\_\_\_\_

**Do you have a preference on the use of this donation? Yes No**  
**If yes, how would you like to designate this donation?**

\_\_\_ **Wish list (please ask for current list)**

\_\_\_ **Library Programming**    \_\_\_ **Adult**    \_\_\_ **Teen**    \_\_\_ **Youth**

\_\_\_ **Purchase an item for the collection (complete Section C)**

\_\_\_ **Adult Collection**    \_\_\_ **Youth Collection**    \_\_\_ **Media (CD'S & DVD'S)**

**On a particular subject? Please specify** \_\_\_\_\_

**In Memory of /In Honor of (circle one)**

**Section C**

**Name** \_\_\_\_\_

**Please send acknowledgement to:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, state, zip** \_\_\_\_\_

Routing List:

**Staff Use**

1. Admin. Assist: Date processed \_\_\_\_\_
2. Copy to librarian if for collection \_\_\_\_\_
3. Copy to Tech Services \_\_\_\_\_
4. Copy to Comm. Relations \_\_\_\_\_
5. Copy of order to AA and Tech Services \_\_\_\_\_
  
5. Librarian: Date material selected - See Attached
  
6. Director : \_\_\_\_\_  
Fund (if not designated) \_\_\_\_\_

Income: _____	Expense: _____
Income: _____	Expense: _____
Income: _____	Expense: _____
Income: _____	Expense: _____

7. Administrative Assistant:  
Date deposited \_\_\_\_\_  
Date entered into database \_\_\_\_\_  
Date acknowledgement to donor \_\_\_\_\_  
Date acknowledgement to honoree \_\_\_\_\_

Contact information:

Chelsea District Library  
221 S. Main Street  
Chelsea, MI 48118  
734-475-8732  
Terri Lancaster x 207 tlancaster@chelseadistrictlibrary.org