



Cook Memorial Public Library District

DONATION REQUEST

DATE: _____

Amount of Donation:

\$100 \$50 \$25 \$_____

Make Checks Payable to Cook Memorial Public Library District or CMPLD. Drop off or send donation to:
Cook Park Library
413 N. Milwaukee Ave.
Libertyville, IL 60048
Attn: Administration Office

Contact Information:

Donor Name (First & Last): _____

Email: _____ Phone number: _____

Address: _____

City/State/Zip: _____

Tribute Gifts

I/We would like this gift to be

If this donation is for a memorial book, please choose:

in honor of

Adult book (\$15 minimum donation)

in memory of

Children's Book (\$15 minimum donation)

Requested genre: _____
(i.e. Sports, Gardening, Astronomy, Cooking, etc.)

If the donation is NOT for a memorial book, the funds will go towards library materials and/or programs.

Name for Tribute Gift

(Please print clearly)

We are pleased to notify the following individual(s) of your generosity. Please include their address.

Name: _____

Address: _____

City/State/Zip _____

Your charitable contribution to the library, a governmental unit, is tax-deductible under section 170(c)(1) of the Internal Revenue Code if made for a public purpose. All donations will receive a written acknowledgement to the address provided.

Thank You For Your Contribution