

CHELSEA DISTRICT LIBRARY DONATION FORM

Date of receipt: _____

Section A

Staff Member Assisting _____

Donor's Name _____

Donor's Phone _____

Donor's Email _____

Donor's Address _____

Do you wish to remain anonymous? Yes No *For Collection Only.*

Amount: \$ _____ (circle cash or check)

Section B

Other: Please describe _____

CDL Endowment: _____

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)

For Collection Only.

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 _____
Newsletter _____
Action Item _____
Check sent to CFSEM: _____

Contact information:

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