



## Lewiston Public Library Gift Contribution Form

Name of Donor(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

If you wish to donate to the Library in memory/honor of someone,  
please fill out the following:

In Memory/Honor of: \_\_\_\_\_

Notify: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Please indicate the item you wish to purchase, ie: adult/  
children's/teen, fiction or non-fiction, CDs/DVDs, audio  
books, large print, etc. (The Library will choose for you if  
you do not indicate a preference) : \_\_\_\_\_

\_\_\_\_\_

Amount \$: \_\_\_\_\_