

## Donation Form

Date: \_\_\_\_\_

*I/We wish to be anonymous*

Name: \_\_\_\_\_

Your name, as you wish it to appear on the Donor Board, unless otherwise indicated below.  
***(Please limit to 60 characters.)***

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

City/State/Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you wish to have this gift recognize someone other than yourself please complete the following:

This donation is made:       In memory of                       In honor of

Name: \_\_\_\_\_

The inscription, as you wish it to appear on the Donor Board, unless otherwise indicated below.  
***(Please limit to 60 characters.)***

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

City/State/Zip: \_\_\_\_\_

**Gifts of \$1,000 or more will be recognized as an On-going Supporter on the Donor Board located in the main entrance to the Library Complex.**

**Gifts of \$5,000 or more are eligible for a Naming Opportunity.**  
*(Please see separate list of such opportunities.)*

I/ We give \$ \_\_\_\_\_ to the Jackson County Public Library Complex

I/ We give \$ \_\_\_\_\_ to the Jackson County Public Library  
**Endowment Fund**

*Please make checks payable to Jackson County Public Library.*

*Send this form and check to:*

***Jackson County Public Library – Attn: Business Manager – 310 Keener Street – Sylva, NC 28779***

**Signature:** \_\_\_\_\_

Thank you! Your gift is tax deductible as provided by law.

***All Naming Opportunity Requests must be approved by the JCPL Board.***