



Susan Quinn
Director

OCEAN COUNTY LIBRARY

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OCEAN COUNTY LIBRARY MONETARY/MEMORIAL DONATION

Date _____

Thank you for your gift to the library! Please take a few minutes to complete this information sheet. (Library staff or patron can complete this form)

NAME(S) OF DONOR(S) _____

Address _____

AMOUNT DONATED \$ _____ cash _____ check
Please make payable to Ocean County Library

DONATION PURPOSE (Please Circle):

- Adult Programs (8561) Young Adult Programs (8562) Juvenile Programs (8563)
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- Materials (8121): _____ Print _____ Non-print

Additional Comments/Subject Areas: _____

MATERIALS GIVEN IN MEMORY OF (text as it should appear on bookplate):

For Example:
 In memory of _____
 Mr. Joseph Smith _____
 Presented by the _____
 John Adams Family _____

NAMES AND ADDRESSES OF OTHER FAMILY MEMBERS OR INDIVIDUALS TO NOTIFY:

DONATION TO BE USED IN THE FOLLOWING LOCATION(S):

Branch _____ or, _____ Library's discretion

STAFF USE ONLY:

Department Head/Branch Librarian will deposit check according to daily deposit procedures and attach donation form to MC packet. When a donation is made for materials, send a second copy to the attention of Librarian 4, Collections.

*****Send copies of the donation acknowledgment/thank-you letter to the Director's Office.*****