

**Carmel Clay Public Library Foundation**  
**Honorarium or Memorial Fund - Donation Form**

**Donor Information:**

Dr.  Ms.  Miss  Mrs.  Mr.  Mr. & Mrs.

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Donation Information:**

This donation of \$\_\_\_\_\_ is given:

in memory  in honor  other occasion: \_\_\_\_\_

**Acknowledgment Information:**

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

Please send acknowledgment card to: \_\_\_\_\_

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

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

**Gift Information:**

\_\_ Book Purchase (*Please indicate subject*): \_\_\_\_\_

\_\_ Special Fund: \_\_\_\_\_

\_\_ General Fund

**Recognition Directions for Book Plate(s):**

Person(s) being recognized: \_\_\_\_\_

Donated by: \_\_\_\_\_

**Payment Information:**  Cash/Check  Credit Card

\_\_\_\_ Enclosed is my check payable to **Carmel Clay Public Library Foundation**,

Carmel Clay Public Library Foundation is a 501(c)(3) nonprofit organization.

All contributions are tax-deductible to the extent provided by law. (Tax # 35-1787253)

\_\_\_\_ Please charge \$\_\_\_\_\_ to my credit card:  Visa  MasterCard

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Name printed on card

\_\_\_\_\_  
Signature

**Other Information**

I would like to make a monthly or quarterly donation through my checking account or credit card – please contact me @ \_\_\_\_\_

Enclosed is my employer's matching gift application form.

I have remembered Carmel Clay Public Library Foundation in my estate planning.

Please send me information about endowment opportunities.

Please call me about other gift opportunities at: \_\_\_\_\_

*Please mail your donation to:*

**Carmel Clay Public Library Foundation**  
**55 4<sup>th</sup> Avenue SE Carmel, IN 46032**