

Donation of Funds for Library Programs, Special Events, & Materials

Donor's Name _____

Address _____

Email _____

Phone _____ Amount Donated _____

Please use my donation at the following location:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> George Memorial (Richmond) | <input type="checkbox"/> University | <input type="checkbox"/> Sienna |
| <input type="checkbox"/> Cinco Ranch | <input type="checkbox"/> Sugar Land | <input type="checkbox"/> First Colony |
| <input type="checkbox"/> Missouri City | <input type="checkbox"/> Bob Lutts Fulshear/Simonton | <input type="checkbox"/> Mission Bend |
| <input type="checkbox"/> Albert George (Needville) | <input type="checkbox"/> Mamie George (Stafford) | |

Use these funds for:

Adult **Juvenile** **Where Needed Most**

Programs & Special Events

Name or describe the program or special event for which this donation is being made:

Special program or event _____

Materials

Donation category and type *(please check appropriate box)*

- Book AudioVisual eResource Genealogy & Local History

Please check one:

- I prefer a donation on this subject _____
- I prefer that the library select an appropriate title

For Gifts & Memorials

- In Memory of In Honor of Given By

(Name for bookplate inscription)

Send acknowledgement to: _____

Final selection of library materials rests with the collection development coordinator, in cooperation with the appropriate branch manager or department head. Your signature below indicates that you agree with this policy.

Payment should accompany this form. Make checks out to FORT BEND COUNTY LIBRARIES, and mail to: Business Office, 1003 Golfview Dr., Richmond, TX 77469. Your copy of this form is your receipt.

Signature *(Please sign in ink)*

Date

For information about the status of this donation, please call 281-633-4776 during normal business hours.