

**Wyomissing Public Library  
Donation Form**

Type of Donation (please circle one):    Birthday      Memorial      Personal

Name of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

Donation Amount: \_\_\_\_\_ Phone: \_\_\_\_\_

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Birthday Gift

*Please complete this section for Birthday donations.*

Name of person being honored: \_\_\_\_\_

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

\_\_\_\_\_

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Memorial Gift

*Please complete this section for Memorial donations.*

Name of person being honored: \_\_\_\_\_

Name of relative for correspondence: \_\_\_\_\_

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

\_\_\_\_\_

Relationship to person being honored: \_\_\_\_\_

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Bookplate

*Unless otherwise noted, each donation will be used toward the purchase of new materials. Every item will contain a bookplate that recognizes this special gift. If you do not wish to have bookplate placed in the item, please make note of this below.*

Please list any favorite genres, hobbies or interests of the honored person:

Is there a special message you would like included on bookplate?

\_\_\_\_\_ I do not wish to have a bookplate placed in the item.

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*Return this form to:*  
Colleen Stamm, Library Director  
Wyomissing Public Library  
9 Reading Blvd.  
Wyomissing, PA 19610