

Gifts to Thomas Memorial Library's Collection

Date: _____ Amount of Gift: _____ Cash or Check? _____ (please make checks payable to:
Thomas Memorial Library)

Type of material you'd like the library to purchase with your gift:

_____ Books _____ Audiobooks (Cassette or CD) _____ Videorecordings (VHS or DVD)

For which collection?: _____ Adult _____ Young Adult _____ Children's

Gift given by (please include name(s) as you would like them to appear on the gift plate):

What subjects or titles would you prefer the library purchase with your gift? *(All specific titles must comply with the library's materials selection policy and must be approved by the purchasing librarian).*

Is this gift in honor of a birthday or other occasion, or given in memory of someone?
(Please give us details if you would like this information to appear on the gift plate.)

If the gift is given in memory or in honor of someone, please let us know the name and address of the family to notify of the gift.

Please give us your name and address so we can acknowledge your gift:

Please give us a phone number where we can reach you in case we have questions: _____

Thank you for your generous donation!

Thomas Memorial Library
6 Scott Dyer Road
Cape Elizabeth, ME 04107
207-799-1720