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