

# FRIENDS OF ROCKVILLE PUBLIC LIBRARY

## DONATION FORM

Date: \_\_\_\_\_

In memory of \_\_\_\_\_ In honor of \_\_\_\_\_

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

Acknowledgement:

Yes \_\_\_\_\_ No \_\_\_\_\_

Check below if you have preference for use of donation:

Museum passes \_\_\_\_\_

Programs \_\_\_\_\_

Other \_\_\_\_\_

Donor's address: \_\_\_\_\_

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Donor's signature: \_\_\_\_\_

Make checks payable to: **Friends of Rockville Public Library**

Mail to: 52 Union St  
Vernon Rockville, CT 06066