

Scottsdale Public Library Financial Donation Form

Donor Information * = required information

*Name: _____

*Street Address: _____

*City, State and Zipcode: _____

*Phone: _____

*E-mail: _____

Library Card Number: _____

Donation Amount: _____

Do you wish to remain anonymous?

Yes No

Acknowledgment

If this donation is in honor of or in memory of someone, the library will send an acknowledgement to the Honoree or to the family of the deceased.

In Honor of In Memory of

Name: _____

Street Address: _____

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Please print out and include with your check to:



City of Scottsdale
attn: Library Donations LI-101
P.O. Box 1000
Scottsdale, AZ 85252-1000

Thank you for your donation!