

Scottsdale Public Library Financial Donation Form

Donor Information

**required information*

NAME*:

STREET ADDRESS*:

CITY, STATE AND ZIP CODE*:

PHONE*:

EMAIL*:

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:

CITY, STATE AND ZIP CODE:

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!