



Donation form to accompany check by mail.

- My check to The Library Foundation is included
- Please bill by credit card

Date:

Name(s):

Address:

City:

State:

Zip:

Tel #:

Email:

For donations via check, please note the check #:

For donations via credit card, please provide the following

Credit Card #:

CVV:

Exp:

Gift amount: \$

Is your gift in honor or in memory of someone? (Check one) In memory In honor

Honoree name:

Reason for the gift (celebrating a holiday, family event, or special occasion)?:

Would you like to provide any additional information about your gift?

Please mail your contribution to:
Development Office, The Tiverton Library Foundation
34 Roosevelt Avenue
Tiverton, RI 02878