

**CARROLL AND MADISON COUNTY LIBRARY FOUNDATION
DONATION FORM**

DONOR INFORMATION

Names(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

GIFT AMOUNT AND PURPOSE

**Enclosed is my tax deductible gift of \$ _____ to support the library
services in Carroll and Madison Counties.**

Other information:

- I would like to designate my gift for the following library: _____
- This gift will be matched by my employer. _____
(Please enclose form or mail separately.)
- I would like for my gift to remain anonymous. I understand my name will not appear on donor lists.

**Please mail your gift to:
The Carroll and Madison Public Library Foundation
106 Spring Street
Berryville, AR 72616-3846**

Phone: (870)423-5300