

Sanilac District Library Donation Form

Your Name: _____

Address: _____

Your phone number: _____

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If this gift is *not* given as an honorarium or memorial, do you wish to remain anonymous? Yes No

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This donation is given as a: Memorial Honorarium

Name of the person to be recognized: _____

A letter will be mailed to the family of the person in whose memory your gift has been given (or to the honoree) to inform them of your thoughtful contribution with no amount disclosed.

Send acknowledgment to: _____

Relationship of the person to whom the acknowledgement is sent to the recognized person:

Daughter Son Husband Wife Mother Father Sister Brother

Address: _____

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## Sanilac District Library

Beverly Dear, Director

7130 Main Street

P. O. Box 525

Port Sanilac, MI 48469

Phone: 810.622.8623

e-mail: [sanilacdistrictlibrary@yahoo.com](mailto:sanilacdistrictlibrary@yahoo.com)

# Thank You!