



Donation Form

Please print, complete and send this form to:

Cassandra Best

Lincoln Pelham Public Library

5020 Serena Drive

Beamsville, ON L0R 1B0

Charitable Registration #: 130638018RR0001

Phone: 905-563-7014

Fax: 905-563-1810

Date: _____

Donor Information (Full mailing address required for tax receipt on donations of \$20+)

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Email: _____

Tribute Information (Only necessary if making a gift in memory or in honour of someone)

In Memory of: _____

In Honor of: _____ Honour Reason: _____

Please send Acknowledgement to: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

I would like to make a One Time Gift of:

\$20 \$50 \$75 \$100 Other: \$ _____

Cheque enclosed payable to the Lincoln Pelham Public Library (Cheque # _____)

For customer protection and privacy this information will be destroyed after credit card processing.

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Payment Information Credit Card Type: Visa MasterCard

Card Holder Name: _____ Credit Card Number: _____

Expiry Date: _____ CVN Number: _____ Signature: _____ Date: _____

On behalf of the Lincoln Pelham Public Library, thank you!

The collection of information on this form is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this form will only be used for library related business, tax receipting purposes and to keep you updated on library activities.