



Memorial/Donation to the Olean Public Library

Donor Information (List any additional donors on the back)

Name _____
Address _____
City, ST Zip Code _____
Phone _____
Email _____

How do you want your donation listed (check one):

In Memory of In Honor of

Name of Honoree: _____

Individual or Family to notify:

Name _____
Address _____
City, ST Zip Code _____

If you want your donation used for a particular program, item or title, or for general use such as a subject, book, video, furniture, please indicate below.

Donation amount: _____

Do you want to examine this item before it is placed into circulation? yes no

Print this completed form and mail with check payable to:

Olean Public Library
134 N 2ND ST
OLEAN NY 14760-2583

Acknowledgement for tax purposes will be sent to the donor