

Halifax Public Libraries **Donation Form**

Contributor Information *(Donation receipts will be mailed to this address)*

Name _____ Date (d/m/y) _____
Address _____
Postal Code _____
Telephone Home (_____) Business (_____)
e-mail _____

Donation Details

One-time Recurring (monthly) on the 15th of each month starting Date (mm/yy) _____ / _____
Gift Amount \$25 \$50 \$100 \$250 Other \$ _____

Designation

I would like my donation to go towards: Area of Greatest Need Other *(specify)* _____

Recognition

My gift may be publicly acknowledged in the name of: _____
 I wish my gift to be anonymous

Tribute

In honour of In memory of
Name _____ Occasion *(if applicable)* _____
Please send an acknowledgement of this gift to:
Name _____
Address _____
Postal Code _____

Payment Information

Cash / Debit Cheque *(payable to Halifax Regional Library)*
 Credit Card: Visa MasterCard American Express
Card Number _____ Expiry Date (mm/yy) _____ / _____
Name on Card _____ Card Verification Value _____
(please print) *(3-digit number on back of card)*

THANK YOU!

Registered Charitable Number: 87486 6551 RR001 ♦ Charitable receipts will be issued for gifts of \$10 or more.

INTERNAL USE ONLY

Official tax Receipt Number: _____

Issued by *(Initials)* _____

Date (d/m/y): _____

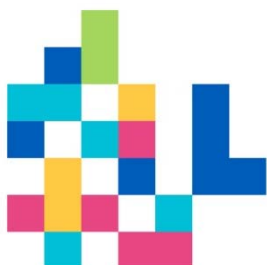
WAYS TO DONATE

In Person: visit any branch of the Halifax Public Libraries ♦ **By Phone:** call 490-5763

Online: visit halifaxpubliclibraries.ca ♦ **By Mail:** send this form to Halifax Public Libraries, 60 Alderney Drive, Dartmouth NS B2Y 4P8

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The Halifax Public Libraries Cash Donation Policy and/or Central Library Naming and Recognition Policy apply.



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With every \$25 gift to Halifax Public Libraries, you can elect to receive a customized bookplate.

Send my bookplate to me so I can select my books I would like the Library to select books on my behalf.

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