



Donation Drop off Form

OFFICE USE ONLY

Drop off Location: Circ _____ Special Services _____ Welcome Center

Other _____ Staff Member Initials _____ Contacted Special Services

Name: _____

Address: _____

Phone: _____

Email: _____

Notes: (i.e. where items came from, who they belonged to)

Thank you for supporting the Library!

Donor's Signature

Date

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