



GIFT BOOK FORM

Donor Name _____

Address _____

City _____ State _____ Zip code _____

Telephone/ Email _____

Gift Amount _____ (\$25.00 minimum) **Make checks payable: Jenkintown Library**

Type of Gift		
____ Birthday	____ Anniversary	____ Other _____
____ Memorial	____ Graduation	

Subject Area _____ Age Level _____

Book Plate Information

Birthday Book
Name _____
Birth Date _____

Gift Book
In Honor of/ In Memory of _____
Presented by: _____

Please notify the following of my gift:

Name _____

Address _____