

How We Use Your Donation:

- You may specify that we use your donation for certain items such as books, audio/visual materials,
- magazine subscriptions, furniture, equipment, special program funds, or general library use.
- Gifts of books or other materials that are not appropriate to the Olean Public Library's collection policy may not be added to the collection.

We Will Acknowledge Your Donation by:

- Sending a card to the individual or family notifying them that a gift or memorial has been made by you "in memory/honor of (name)."
- Sending a card to you acknowledging your donation.
- Placing a bookplate in the material listing both the name of the person in whose memory or honor the donation was made, and that of the donor. A plaque is affixed to furniture or equipment.

Your Donation:

- Serves as a tribute to a friend, relative, or special person.
- Commemorates a special occasion.
- Serves as a lasting memorial.
- Enables the library to acquire needed materials.

How to Make a Contribution:

- You may make a contribution in person at the Information Desk.
- By mail to:

Olean Public Library
134 N. 2nd Street
Olean NY 14760-2583

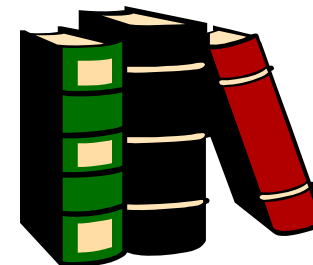
- **Contributions are tax deductible to the extent of the law.**

The mission of the Olean Public Library is to improve the community's quality of life by providing equal access to materials in various formats, programming and services for patrons of all ages, and a capable and professional staff available to assist members of the greater Olean community in support of their educational, informational, and leisure needs.



**Olean Public
Library**

Memorial or Gift



Olean Public Library
134 N. 2nd Street
Olean, NY 14760-2583

www.oleanlibrary.org
info@oleanlibrary.org

Phone: 716-372-0200
Fax: 716-372-8651

Memorial/Gift Form

Please provide the following information with your contribution.

Your Name

Phone Number

Street

City

State

Zip Code

Donation :

_____ **In Memory of**

_____ **In Honor of**

Name of Person Memorialized/Honored

Individual or Family to Notify

Phone Number

Street

City

State

Zip Code

Specific Item (book, video, furniture, etc.)

\$ Amount _____

Date _____

Do you want to examine this item before it is placed into circulation? Yes No

STAFF USE ONLY:

Please date and initial.

Donation Accepted By: _____

Acknowledgment Sent: _____