

To contribute to the Palos Heights Public Library...

Please complete this form and return with your donation to:

Administrative Librarian
Palos Heights Public Library
12501 S. 71st Avenue | Palos Heights, IL 60463

Name *(please print)*: _____

Business if applicable: _____

Title: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Total Gift: \$ _____

This gift should be:

Applied as the library sees fit

Applied to the following: _____

This gift is made:

Anonymously

In honor of: _____

In memory of: _____

Please notify *(gift amount will be disclosed)*:

Name: _____

Address: _____

City/State/Zip: _____

Method of payment:

Cash Check *(payable to Palos Heights Public Library)*

Date: _____

Signature: _____