

Leominster Public Library Donation Form

A donation to the Library helps us to bring our collections to life through lectures, classes, programs, events, and more.

Date:		
Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		

I would like my donation to support the following:

At Library's Discretion:

	The Library can decide where funding is most needed.
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Community Engagement:

	Adult Programs: speakers, civic discussions, classes, presenters
	Technology: Mobile Hot Spots, e-readers, computers, loanable technology
	Outreach Services: travelling collections, and purchase supplies for mobile Library services
	Teen Programs: supplement teen programming
	Children's Programs: STEAM and STEM programming, presenters and performers

Bookplate Program:

	All donations up to \$30 will go toward supplementing our Collection.
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Amount: \$ _____ Cash Check Number _____

You will receive a letter from the Library acknowledging your donation. If there are others you would like us to notify, please list their names and addresses below:

If your donation is given in memory of someone, please list the name here:

Please make checks payable to:

Leominster Public Library 30 West St. Leominster, MA, 01453 Attn: *Tina McAndrew*