

**Donation Form by Mail**  
Please print, complete and mail to:



The Milton Library Foundation, P.O. Box 314, Milton, MA, 02186

Donation Amount: \_\_\_\_\_ Check Enclosed: \_\_\_\_\_ or Bill My Credit Card: \_\_\_\_\_

Add 3% (maximum \$10.00) to cover credit card processing fees so that my entire donation can go to support the library.

***Credit Card Information***

Card Holder Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

***Your Contact Information... Check Here if Same as Billing***

First and Last Name: \_\_\_\_\_

\*Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel#: \_\_\_\_\_

\*My Company will Match Gift:  Yes or  No

***Billing Information if Different***

First and Last Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

***Is the gift a tribute in honor or memoriam?***  No  Honor  Memoriam  Celebration  Gratitude

If you would like us to notify an individual, please complete:

In Tribute – First and Last Name: \_\_\_\_\_

Mail to First and Last Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

**Thank you for supporting The Milton Library Foundation.**

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