



# Loutit District Library

Expanding Horizons, Enriching Minds

## Memorial Donation

Unrestricted monetary gifts may be accepted at the discretion of the Library Board of Trustees to the best advantage of the Library. Restricted monetary gifts may be accepted on the condition that the specific use requested is consistent with the mission of the Library and the Collection Development Policy. Gifts of money to purchase tribute or memorial books are always welcome. These gifts will be expended for the designated purpose with appropriate recognition.

In addition, The Grand Haven Area Community Foundation manages the Loutit District Library Endowment Fund for the Library. Gifts to the Fund are established in perpetuity and are intended for the continuing support of the Library. If you would like to support the Library through this fund, contact the Grand Haven Area Community Foundation, One South Harbor Dr, Grand Haven, MI 49417, 616.842.6378.

**Donor Name(s)** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Donation amount: \_\_\_\_\_ Please make checks payable to **Loutit District Library**.

I would like my donation to be used for:

\_\_\_\_\_

\_\_\_\_\_

**My gift is in memory of:** Name \_\_\_\_\_

Bookplates acknowledging your gift to the Library will be placed in material donations at your request. Please indicate how you would like the name(s) on the bookplate to appear:

*Donated to Loutit District Library by* \_\_\_\_\_

(NAME)

*in memory of*

\_\_\_\_\_

(NAME)

Due to space limitations, we cannot add additional wording to the bookplate.

Please send an acknowledgement, announcing my gift, to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Notes (any additional information you wish to share with us)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your gift is restricted, a staff member may contact you for additional information or details regarding your gift.

*I have read the policy above and agree that my donation may be handled in the prescribed manner.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff initials \_\_\_\_\_ **Copy of Form to Donor** \_\_\_\_\_