



Gift Book Program Form

Complete the information below and mail it in with your contribution (check or credit card information). Your donation is tax-deductible.

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

Gift Amount: _____ Date: _____

Check enclosed payable to: Buffalo & Erie County Public Library

Please charge my credit card.

Card Type: MC _____ Visa _____ Discover _____

Card #: _____

Exp. Date (mm/yy): _____ Security Code: _____

Type of Gift

_____ Birthday _____ Graduation _____ Anniversary

_____ Memorial _____ Other _____

Suggested type of book: _____

The Library should notify the individual/family of my gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Book Plate Information

In recognition of: _____

OR

In honor of: _____

OR

In memory of: _____

Presented by: _____

Donations can be mailed to: Buffalo & Erie County Public Library
Attn: Development Office, 1 Lafayette Square, Buffalo, NY 14203