

Gift and Memorial Donations

Please print this form (2 pages), fill it out and mail it with your check made payable to
LCPL FOUNDATION ENDOWMENT

Mail to:

LCPL Foundation Endowment
Lake County Public Library
1919 West 81st Avenue
Merrillville, IN 46410

Donation from (your name or group): _____

Address _____

City _____ State _____ Zip _____

Enclosed is a check in the amount of \$ _____ to be used for:

A Gift A Memorial The Foundation In honor of

Please purchase the following library materials:

Books Magazines or newspaper subscriptions

DVDs

CDs

Subject of interest: _____

Please print how you would like the gift plate to read:

In memory of _____

Donated by _____

In honor of _____

Please provide the name(s) and addresses(es) of the person(s) or organization(s) to be notified of this gift:

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Please notify me when the gift is ready: Yes No