



## Commemorative Gift Form

Please print all information and return this form with your check made out to the:

West Hartford Library Foundation  
20 South Main St. West Hartford, CT 06107  
Attention: Edie Parizo

Questions: Contact Edie at 860.561.6973 or [Foundation@WestHartfordCT.gov](mailto:Foundation@WestHartfordCT.gov)

### Donor Information:

Your Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

I would like my gift to be used to purchase:  books  audio books  film/DVD  no preference

Suggested subject areas: \_\_\_\_\_

Please note that all materials purchased are selected by professional staff in accordance with the library's collection development policy.

### Gift information:

In Honor of \_\_\_\_\_

Name

OR

In Memory of \_\_\_\_\_

Name

Amount of your gift: \$ \_\_\_\_\_

Minimum gift amount is \$20.00.

Gift announcement to be sent to:

Name: \_\_\_\_\_

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