



LIBRARY MEMORY PROJECT

Donation Form

Please print and mail this form, along with your check payable to:

Bridges Library System
741 N. Grand Avenue, Suite 210
Waukesha, WI 53186

Donation Amount: \$ _____
(Please write "Memory Project" in the memo field on check)

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

E-mail: _____

Your donation goes toward:

- Program supplies
- Refreshments
- Speakers/Presenters
- Puzzles and Games
- Promotions

Every gift makes a difference and is fully tax deductible.

This gift is (circle) in honor of / in memory of _____

If you would like us to notify anyone regarding your donation, please list name and contact information below:

Thank you for your support!

If you have any questions, you can contact Angela Meyers at the Bridges Library System, (262) 896-8245 or ameyers@bridgeslibrarysystem.org