

Kaubisch Memorial Public Library Gift Form

Gift Type: Memorial _____ Honor _____ Other _____

Donation amount _____ cash / check enclosed _____

IN MEMORY OR IN HONOR OF:

NAME as it is to appear on gift plate

Donation made by:

NAME: _____

PHONE _____

ADDRESS: _____

Family to be notified:

NAME: _____

PHONE _____

ADDRESS: _____

Suggested subject areas or titles:

1. _____ 2. _____

3. _____

Check should be made payable to the Kaubisch Memorial Public Library

Return this form to: Kaubisch Memorial Public Library
205 Perry St.
Fostoria, OH 44830

Your donation is tax deductible
