

# Donation Form

**NCPL Administration**  
46 Colborne Street South  
Simcoe, Ontario N3Y 4H3  
Phone: 519.426.3506 | Fax: 519.426.8918



Thank you for considering donating to the Norfolk County Public Library (NCPL). To make a donation, please complete this form. You may bring the form along with your donation to any Branch of the NCPL, or mail it with a cheque (payable to Norfolk County Public Library) to the Administrative Coordinator at the address above. If you wish to make a donation by credit card over the phone, please contact the Administrative Coordinator at 519.426.3506 ex 1258.

## Donor Information

In order to receive a valid tax receipt, please make sure all information is complete and accurate, including the donor's full legal name.

**First Name(s):** \_\_\_\_\_ **Middle Initial(s):** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Select:**  Cash  Chq  Debit  Credit **Permission:**  I consent to public recognition.  
 Please keep my donation anonymous.

## Donation Information

**This donation is...**

For:  Youth Initiatives Project  Current Needs  Programming and Collections

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

In Honour of: \_\_\_\_\_ On the occasion of: \_\_\_\_\_

Please send an acknowledgement to the honouree or next of kin listed below.

**Name(s):** \_\_\_\_\_

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

- Donations of \$20 or more will receive a tax receipt issued by Norfolk County in February of the following year.
- The collection of information on this form is subject to the provisions of the Municipal Freedom of Information and Protection of Privacy Act. The information collected on this form will only be used for library related business, tax receipting purposes and to keep you updated on library activities.

**Thank you for supporting the Norfolk County Public Library!**

**FOR OFFICE USE ONLY** Staff Accepted: \_\_\_\_\_ Date: \_\_\_\_\_