

# DONATION FORM



Please fill out this form, print and sign the credit card authorization box.

## DONOR INFORMATION

Salutation:            First Name:            Initial:            Last Name:

Street Address:

City:

Province:

Postal Code:

Phone Number:

email:

## PLEASE USE MY DONATION FOR:

Where it is most needed	Collections & Materials	Gayle Harris Memorial Fund
READ-Ability Services	Endowment Fund	Read to Baby Program
Programs & Services	Revitalizing Library Spaces	

## DONATION OPTIONS

I have enclosed a cheque for the amount of \$

I would like to donate by credit card in the amount of \$

Credit card information:

Name as it appears on credit card:

Credit card #

Expiry date:

Billing address: same as above            or other:

\_\_\_\_\_  
Signature of card holder

Please send me information about making a gift in my Will.  
You will receive your charitable tax receipt early in the new year in time for filing taxes.

***Thank you for your donation to Surrey Libraries!***

Drop off your completed form at any Surrey Libraries branch or mail to:  
Surrey Libraries Administration  
10350 University Drive, Surrey BC V3T 4B8

For donation inquiries please contact:  
Kim Davies, Fund Development Officer  
kim.davies@surrey.ca or 604-598-7423