333 Williams St.
Huron, Ohio 44839
(419)433-5009

Huron Public Library Donation Form

Donor's Name: _____

Donor's Address: _____

_____

☐ Children's ☐ General Fund

☐ Adult ☐ Other

_____

☐ Date: _____ Staff Initial: _____ Donation Amount $ _____

Cash Check (circle one) Check #_____ Receipt #_____

☐ Date: _____ Staff Initial: _____ Fiscal Officer

☐ Date: _____ Staff Initial: _____ Letter A Sent (Donor Thanks)

☐ Date: _____ Staff Initial: _____ Newsletter _____

STAFF USE ONLY