

Director

STAFF USE ONLY:

101 Washington Street, Toms River, New Jersey 08753 Phone: 732-349-6200 Admin. Fax: 732-473-1356 Reference Fax: 732-349-0478 Website: www.theoceancountylibrary.org

OCEAN COUNTY LIBRARY MONETARY/MEMORIAL DONATION

		Date
	library! Please take a few ibrary staff or patron can cor	minutes to complete this information mplete this form)
NAME(S) OF DONOR(S)		_
Address		_
		_
 AMOUNT DONATED \$	cash	
		ble to Ocean County Library
DONA	TION PURPOSE (Please Ci	rcle):
·	Promotional Materials (Office Supplies (9201)	8564) Equipment (9101) Library Discretion (9999) Non-print
Additional Comments/Subject Areas:		
MATERIALS GIVEN IN MEMORY OF (to For Example: In memory of Mr. Joseph Smith Presented by the John Adams Family	ext as it should appear on b	ookplate):
NAMES AND ADDRESSES OF OTHER	FAMILY MEMBERS OR IN	IDIVIDUALS TO NOTIFY:
DONATION TO BE USED IN THE FOLL	LOWING LOCATION(S):	
Branch	or, Library's discretion	on

Department Head/Branch Librarian will send donation check and form directly to Accounting. When a donation is made for materials, send a second copy to the attention of Librarian 4, Collections.

Send copies of the donation acknowledgment/thank-you letter to the Director's Office.

Updated: 5/16/2022