

**City of Milpitas**  
**Milpitas Public Library Financial Donation Form**  
**Donor Information** *(Please type or print clearly.)*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

<b>Gift Amount &amp; Purpose</b>	<b>Memorials &amp; Tributes</b>
<p>Enclosed is my gift of \$_____ to support library services in Milpitas.</p> <p>I would like to direct my gift to:</p> <p><input type="checkbox"/> Where the need is greatest.</p> <p><input type="checkbox"/> Programs for library users.</p> <p><input type="checkbox"/> Books and materials.</p> <p><input type="checkbox"/> Furnishings and equipment.</p> <p><input type="checkbox"/> Specific use</p> <p><input type="checkbox"/> Other</p>	<p>Enclosed is my gift of \$_____ to support library services in Milpitas.</p> <p><input type="checkbox"/> In Memory of:</p> <p><input type="checkbox"/> In Honor of:</p> <p>Please send an acknowledgement to the next of kin or honoree listed here:            Name(s): _____            Address: _____            City: _____ State: _____ Zip: _____            Day Phone: _____            Evening Phone: _____</p>

**Gift Payment**

Checks payable to The City of Milpitas can be accepted. All donations are tax deductible.

**Other Information**

This gift will be matched by my employer: \_\_\_\_\_

*(Please enclose form or mail separately.)*

Please keep my gift anonymous. I understand I will not be included in donor listings.

**Please mail or fax to:**  
 Milpitas Library  
 160 N. Main Street  
 Milpitas, CA 95035  
 Attn: Community Librarian  
 Telephone: (408) 262-1171  
 Fax: (408) 262-5806