



Howard  
COUNTY Library  
SYSTEM

inform + instruct + interact = educate

# Donation Form

## I would like to donate:

\$1,000    \$500    \$250    \$200    \$150    \$100    \$50    \$25    Other

## Please apply my donation to:

- |  |  |
|--|--|
| <input type="checkbox"/> A+ Partnership Initiatives (e.g., Battle of the Books, HCLS Spelling Bee, BumbleBee, Rube Goldberg Challenge, Summer Reading Clubs) | <input type="checkbox"/> HCLS Project Literacy                   |
| <input type="checkbox"/> Choose Civility   | <input type="checkbox"/> Memorial/Tribute Gift Fund (see below)  |
| <input type="checkbox"/> Enchanted Garden  | <input type="checkbox"/> Educational initiative of greatest need |
|  | <input type="checkbox"/> Other: _____                            |

This gift is in (circle one) honor/memory of: \_\_\_\_\_

Please notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Payment Information:

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I prefer to remain anonymous

My check is enclosed (payable to Howard County Library System)

I will pay by credit card

Credit Card:  Visa    MC   Card No.: \_\_\_\_\_

Exp: \_\_\_\_\_   CVS: \_\_\_\_\_

This is a one-time gift    This is a recurring gift to be made    monthly    annually

### Please print this form and mail to:

Howard County Library System  
Attn: Donations  
9411 Frederick Road  
Ellicott City, MD 21042

Donations are tax deductible to the fullest extent by law.

Questions? Please call 410 313 7799.

## Thank you for your donation!