

JEAN M. THOMSEN MEMORIAL LIBRARY

Inform. Inspire. Include.

P.O. BOX 99, STETSONVILLE, WI 54480
715.678.2698

Donor Information

Name(s):
Address:
Email:
Phone:

Donation Information

We would like to make a total gift of \$_____ to the JMTM Library for the following:

- Children's Books Adult Books Programming
 Summer Learning Program As Needed

Payment is: enclosed OR will be made on/before 12/31/2021

Signature: Date:

If you would like to schedule a donation over multiple years, please contact the library.

Donor Recognition

We would consider it an honor to recognize our donors for their support of the JMTM Library. If you would like to be acknowledged in any potential donor recognition opportunities, please let us know how you'd like your name(s) to appear:

- I/we would like our names listed as:
 I/we would like to remain anonymous and be omitted from any donor recognition.
 I/we would like to designate our gift:
 In honor of: In memory of:

(Office Use Only) Donation confirmed by: