**GIFT PROGRAM**

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to make a contribution to the Eagle Pass Public Library.

**Amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contributor**: Name, address, phone, email

**This gift is in honor of**:

**Suggestions for purchase** *(for example: cookbooks, ebook, DVD’s, Mystery books):*

**Suggested location**: \_\_\_ Main Library \_\_\_Loma de la Cruz \_\_\_ Roy P. Benavidez \_\_\_ San Luis \_\_\_ Any

**If suggesting a book purchase would you like a bookplate?** \_\_\_ Yes \_\_\_ No

**If yes, please indicate wording:**

If none indicated the following wording will be used: “In memory of (honoree) donated by (contributor)

**Would you like to be notified before the material is circulated?**

\_\_ No \_\_ Yes, contact me at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you would you like us to notify anyone of your gift, please fill in name, address and relationship to honoree here.**

Please make checks/money orders payable to Eagle Pass Public Library, and mail to:

**Eagle Pass Public Library**

**589 Main St.**

**Eagle Pass, TX 78852**

The Eagle Pass Public Library appreciates your support!