

## Donor Preferences

Yes, I want to help Fill our Shelves at  
Stow-Munroe Falls Public Library.

Enclosed is my contribution of \$ \_\_\_\_\_

## Donor Information

Please provide the following information  
so we may recognize your contribution and  
send you a receipt for your records.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Return this form with your contribution to:

Stow-Munroe Falls Public Library

3512 Darrow Rd. . Stow, OH 44224

or just give it with your payment  
to the check out desk. Thank you!

10-13-2009

