City of Kearney Public Library

DONATION FORM RECEIPT

Please fill out the following information if you would like acknowledgement of your donation to the Kearney Public Library.

NAME: _____ **DATE:** _____

ADDRESS: _____

_____

Materials given to the library will be considered for addition to the collection. Any materials not added to the collection will be put on the Friends of the Library Book Sale shelves and sold to the public.

Description of donation — type and number of item

_____

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THANK YOU FOR YOUR DONATION!

FIND MORE INFORMATION AT WWW.KEARNEYLIB.ORG