

Halifax Public Libraries **Donation Form**

Contributor Information *(Donation receipts will be mailed to this address)*

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One-time Recurring (monthly) on the 15th of each month starting Date (mm/yy) _____ / _____
Gift Amount \$25 \$50 \$100 \$250 Other \$ _____

Designation

I would like my donation to go towards: Area of Greatest Need Other *(specify)* _____

Recognition

My gift may be publicly acknowledged in the name of: _____
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Tribute

In honour of In memory of
Name _____ Occasion *(if applicable)* _____
Please send an acknowledgement of this gift to:
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Payment Information

Cheque *(payable to Halifax Regional Library)*
 Visa MasterCard American Express
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THANK YOU!

Registered Charitable Number: 87486 6551 RR001 ♦ Charitable receipts will be issued for gifts of \$10 or more.

INTERNAL USE ONLY

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WAYS TO DONATE

In Person: visit any branch of the Halifax Public Libraries ♦ **By Phone:** call 490-5763

Online: visit halifaxpubliclibraries.ca ♦ **By Mail:** send this form to Halifax Public Libraries, 60 Alderney Drive, Dartmouth NS B2Y 4P8

Halifax Public Libraries respects your privacy. We do not rent, sell or exchange donor information. Your personal information will be used to prepare income tax receipts and keep you informed of the results of your gift, future funding needs, and opportunities to volunteer or give. You can be removed from our contact list at any time by e-mailing agadmin@halifax.ca.

The Halifax Public Libraries Cash Donation Policy and/or Central Library Naming and Recognition Policy apply.



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Send my bookplate to me so I can select my books I would like the Library to select books on my behalf.

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