

FAUQUIER PUBLIC LIBRARY

Memorial/Honorarium Donation Acknowledgement

**indicates required field*

CONTACT INFORMATION

* ☐ Mr. ☐ Mrs. ☐ Ms. _____

Company or organization name: _____

*Mailing address: _____

*Telephone number: _____ E-mail address: _____

DONATION DETAILS

*Amount: _____ ☐ Online ☐ Cash ☐ Check Check #: _____

Please make checks payable to: Fauquier County Public Library

*Where would you like your gift used? ☐ Warrenton ☐ Bealeton ☐ John Marshall ☐ Library choice

*How would you like your gift used?

☐ Library Choice ☐ Greatest need ☐ Programming

☐ Books Choose a subject area. More than one subject area may be selected.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Animals/Nature | <input type="checkbox"/> Food/Drink | <input type="checkbox"/> Romance | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Gardening | <input type="checkbox"/> Science | <input type="checkbox"/> Greatest Need |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> History | <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Other |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Mystery/Thriller | <input type="checkbox"/> Sports | |

If Other, please specify: _____

ACKNOWLEDGMENTS

*In Memory of: _____ ~or~ In Honor of: _____

You may request an acknowledgment letter be sent to the person or family in whose honor or memory the donation is made.

Name and address to send acknowledgment letter(s): _____

Bookplate ☐ Yes ☐ No

Please provide a brief message if a bookplate is requested—i.e., "In loving memory of Mary Jones"

* Donor signature: _____

TO BE COMPLETED BY LIBRARY STAFF

Received by: _____

(Please print first and last name.)

Library Branch or Department: _____

8/2025

Date: _____

Administrative Use Only

Fund Code: _____