



(479) 621-1152
www.rogerspubliclibrary.org

Gift & Memorial Donation Form

Donor Information:

Gift Amount: \$_____ Date:_____

Payment Type:

- ☐ Check (payable to Rogers Public Library)
☐ Cash

Donor Name:

Address

City _____ State _____ Zip _____

Phone _____

Email _____

- ☐ I would like my gift to be anonymous.

Specify area(s) for Materials to be Purchased:

- ☐ Children's ☐ Young Adult ☐ Adult Nonfiction
☐ Adult Fiction ☐ Use at Library's discretion
☐ Other _____

Honoree Information:

Name _____

Memorial Type (Check one):

- ☐ In Memory of ☐ In Honor of
☐ In Celebration of ☐ In Appreciation of
☐ Other _____

Send Acknowledgment to:

Name _____

Relationship to Honoree

Address

City _____ State _____ Zip _____

Other Information: _____

Send form with payment to:

Rogers Public Library - Admin. Office
711 S. Dixieland Road
Rogers, AR 72758

For Office use only: Date rec'd _____

- ☐ Library Director ☐ Acquisitions

Before gifts given for specific books & materials may be accepted, the books must be approved by the library director under the guidelines set forth in the Material Selection Policy adopted by the Rogers Public Library Board of Trustees.

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