

BASKET DONATION FORM

Information that will be displayed with the basket:

Name of basket:

Name of donor (individual, company, group, organization, etc.):

Contents of basket:

Donor information for friends of the library use only:

Name: _____

Address: _____

Phone: _____

Do you need a tax receipt? (circle one) YES NO

Thank you!

Please return this form to:

The Friends of the Community Library
P.O. Box 219, Cobleskill, NY 12043