

D O N A T I O N A G R E E M E N T

Name: _____

E-mail: _____

Address: _____
(optional)

Description of donation/product (please include any specific instructions and/or restrictions):

Estimated value* : \$ _____ **Date:** _____

** Note: It is the responsibility of the donor to establish the value for charitable tax deduction purposes.*

Signature: _____

Please return this form to:
The Julia L. Butterfield Memorial Library
10 Morris Avenue
Cold Spring, NY 10516

Phone: 845 265 3040 | Fax: 845 265 4852. | E-mail: jbldirector@gmail.com