

LAKE AGASSIZ REGIONAL LIBRARY DONATION FORM

DONOR INFORMATION

Names(s): _____

Address: _____

City / State / Zip: _____

Day Phone / Evening Phone: _____

Email Address: _____

GIFT AMOUNT AND PURPOSE

Enclosed is my gift of \$ _____
to support LARL library services.

I would like to direct my gift to:

- Where the need is greatest
- Youth Programs
- Print Materials
- Endowments
- Adult Programs
- eMaterials
- Branch: _____
- Other: _____

MEMORIALS & TRIBUTES

This is a special gift:

In Memory of: _____

In Honor of: _____

Please send an acknowledgement to the honoree
or next of kin listed:

Names(s): _____

Address: _____

City / State / Zip: _____

Phone: _____

GIFT PAYMENT

Mail a cash or check contribution with this form:

- Check is enclosed. Cash is enclosed.

Or credit card payment is available online at larl.org/donate.



Please mail to:

Lake Agassiz Regional Library
118 5th St. S
Moorhead, MN 56560

218-233-3757 • www.larl.org