Leominster Public Library
Donation Form

A donation to the Library helps us to bring our collections to life through lectures, classes, programs, events, and more.

Date:
Name:
Address:
City: State: Zip Code:
Phone Number:

I would like my donation to support the following:

At Library’s Discretion:

☐ The Library can decide where funding is most needed.

Community Engagement:

☐ Adult Programs: speakers, civic discussions, classes, presenters
☐ Technology: Mobile Hot Spots, e-readers, computers, loanable technology
☐ Outreach Services: travelling collections, and purchase supplies for mobile Library services
☐ Teen Programs: supplement teen programming
☐ Children’s Programs: STEAM and STEM programming, presenters and performers

Bookplate Program:

☐ All donations up to $30 will go toward supplementing our Collection.

Friends of the Leominster Library:

☐ Donations fund programs for all ages, the museum pass program, and special projects

Amount: $___________ ☐ Cash ☐ Check Number ___________

You will receive a letter from the Library acknowledging your donation. If there are others you would like us to notify, please list their names and addresses below:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

If your donation is given in memory of someone, please list the name here:

____________________________________________________________

Please make checks payable to:
Leominster Public Library 30 West St. Leominster, MA, 01453 Attn: Assistant Director