

GIFT FORM (CASH/CHECK GIFTS ONLY)

more than \$100 in aggregate and a statement as to any find	at the SFPL report on its website the name ancial interest in the City. The donor should		
questions or representative or SFPL staff member with the de ☐ Donor acknowledges that SFPL will post donor infor ☐ Donor has no financial interest in the City ☐ Donor has the following financial interest in the City	onor's consent: mation on <u>SFPL's public websites</u>		
DONOR INFORMATION			
Full Name:Address (Street, City, State, Zip Code):	Phone Number (Optional):		
GIFT TYPE/AMOUNT/PAYMENT INFORMATION			
Gift Type: ☐ 1) Books & Other Material for the Collection: ☐ Adult Material ☐ Children/Youth Material ☐ 2) Library Services & Program Support	☐ Either Adult or Children/Youth	Language: _	
Gift Amount: □\$25 □\$50 □\$100	□\$250 □\$500 Other: _		
Payment Method: Check enclosed (make payable to: City Librarian's Office, SFPL, 100 Larkin St., San Francisco, CA 94102-4705). Cash enclosed			
Gift Received By:	Library Location:		
BOOKPLATE INFORMATION			
BOOKPLATE INFORMATION Bookplate Desired? #ofbookplates(1bookplateforevel) If YES, this is a:	ery \$500)	□ YES	□ NO
Bookplate Desired? #ofbookplates (1bookplate for eve	ery \$500)	☐ YES	□ NO
Bookplate Desired? #ofbookplates(1bookplateforeve If YES , this is a:	ery \$500)	□ YES	□ NO
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Bookplate Desired? #ofbookplates(1bookplateforeve If YES, this is a: ☐ Gift From / ☐ Memorial To / ☐ Honoring: Name:			□ NO
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Bookplate Desired? #ofbookplates (1 bookplate for every lf YES, this is a: ☐ Gift From / ☐ Memorial To / ☐ Honoring: Name: Person To Be Notified: Address (Street, City, State, Zip Code):			
Bookplate Desired? #ofbookplates (1 bookplate for every lif YES, this is a: Gift From / Memorial To / Honoring: Name: Person To Be Notified: Address (Street, City, State, Zip Code): SFPL ACKNOWLEGEMENT OF GIFT Completed By:			
Bookplate Desired? #ofbookplates (1 bookplate for every lif YES, this is a: Gift From / Memorial To / Honoring: Name: Person To Be Notified: Address (Street, City, State, Zip Code): SFPL ACKNOWLEGEMENT OF GIFT Completed By: FOR I	Date:		