

POTTAWATOMIE WABAUNSEE REGIONAL LIBRARY  
DONATION FORM

NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DONATION AMOUNT: \_\_\_\_\_

COMMENTS OR ADDITIONAL INFORMATION:

\_\_\_\_\_

\_\_\_\_\_