



Township of  
**ATHENS**  
 Public Library



*For the Love of Reading*

**Donation Form**

**Donation Details**

Date: \_\_\_\_\_

Donation Amount:

Fund (check one):  Most Urgent Need  
 Technology  
 Books & Programs  
 General Donation

**Donor & Tax Receipt Information**

This is a corporate donation

Name: \_\_\_\_\_

Company Name:(optional) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I give permission for my name to be used in Thank You capacity in print & online  
 I wish to remain anonymous

**Dedication Informations**

This donation is a gift

In Memory of: \_\_\_\_\_

In Honour of: \_\_\_\_\_

No dedication

**Dedication Informations**

We are creating a "wordle" at the library and would love to add to it. Please give us a word that you would use to describe the Athens Library. Thank you!

\_\_\_\_\_

**Township of Athens Public Library**  
 5 Central St, PO Box 309, Athens, ON K0E 1B0  
 613-924-2048  
[www.athenslibrary.ca](http://www.athenslibrary.ca)    athenspubliclibrary@gmail.com

**All donations over \$25 will receive a tax receipt.**  
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