Donation Form

Thank you for your donation to the Township of Uxbridge Public Library! Please complete this form and mail it with your donation to:

The Township of Uxbridge Public Library
9 Toronto Street South, PO Box 279
Uxbridge, Ontario L9P 1P7

An official tax receipt will be mailed to you within a few days of the Library receiving your donation.
For monthly donors, one tax receipt will be issued each December for the total of your donations for the year.

Donor Information

Title: ❑ Ms. ❑ Mr. ❑ Mrs. ❑ Mr. & Mrs. ❑ Dr.	Your name:	
Your address:		Apt. Number:
City:	Province:	Postal Code:
Daytime Telephone Number: (If we have a question about this donation) ( )		

Direct Donation to…**(Select One)**

❑ Where needed most ❑ Arts & Recreation ❑ Sciences
❑ Books ❑ Business ❑ Special needs (Large print, talking books)
❑ Videos & CD's ❑ Children & Teens ❑ Technology
❑ Fiction ❑ Multi-language

Donation

Donation Amount: ❑ $25 ❑$50 ❑$75 ❑$100 ❑$150 ❑Other: $_____

Donation Type: ❑ Visa ❑ MasterCard ❑ Cheque ❑ Money Order	Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Signature: X_____ Expiry ☐☐/☐☐ Date:

Become A Monthly Donor…

I authorize the Township of Uxbridge Public Library to charge my credit card for a donation of $_____.___ (minimum $20) on the 15th day of each month. I understand that I may contact the Township of Uxbridge Public Library and cancel this agreement at any time.

Donation Type: ❑ Visa ❑ Mastercard	Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Signature: X_____ Expiry ☐☐/☐☐ Date: