

DONATION INFORMATION FORM

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I would like my donation to go towards:

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 Special Instructions _____

I am making this donation (please check one) IN HONOUR OF IN MEMORY OF

Name _____
 Occasion (if applicable) _____

Please send a card acknowledging this gift to:

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Method of Payment:

Amount of Donation: \$ _____

Cash / Debit Cheque (payable to Halifax Regional Library)
 Credit Card : Visa MasterCard American Express
 Credit Card Number: _____ Expiry: _____
 Name on Card
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For publicity purposes, my name and the name of the individual or group I have chosen to honour, may be published in the Library Guide. Please check one:

Yes No

For additional information, call (902) 490-5744

Donations are accepted at any branch of the Halifax Public Libraries, or mailed to:

**Halifax Regional Library
 Finance Department
 60 Alderney Drive
 Dartmouth, NS B2Y 4P8**

Internal Use Only: Official Tax Receipt #: Staff Initials: