



Fall Fundraiser & Community Drive

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

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

City, State Zip: \_\_\_\_\_

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

Donation Information

Amount: \$ \_\_\_\_\_

Please use the following name/listing in all donor recognition:

\_\_\_\_\_

Anonymous (I do not wish to have my name appear in donor lists or recognition)

**Check Payment:** Please mail this form and check (payable to Belmont Library Foundation) to:

Belmont Library Foundation  
336 Concord Ave, Box 125  
Belmont, MA 02478

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