Yes! I want to help my library.



Name	
Mailing Address	
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Gift details:	
Amount of gift \$ Receipts will be issued for donations of \$25 or more	Directed to O New Central Library O Area of Most Need e.
I wish to make my gift by:	
O Debit (at SPL locations only) O Cash (at SPL lo	ocations only) O Cheque (payable to Saskatoon Public Library)
I would like to receive my receipt by: O Mail O Email (please be sure to include your	email address above)
Recognition:	
O I wish my name to be listed as follows $\;\;_$	
O I wish to remain anonymous and do not	want to be recognized publicly as a donor.
My gift is:	
O In memory of	
O I give permission to inform the family of my gi	ft (only my name will be shared).
O In honour of	
Please bring completed form to any lib	rany location service desk or mail to:
Giving Office	rally location service desk of mail to.
Alice Turner Library	
110 Nelson Rd Saskatoon SK S7S 1K7	
privacy. We do not share our list and we hold your informal newsletter, other public acknowledgement) unless you ind	is 119415123RR0001. SPL supports the Donor Bill of Rights. We value and respect your tion secure. As a donor, your name may appear in our recognition materials (website, icate that you wish to be anonymous. To thank you and inform you about your gift at work, questions, please contact Vicki Corbin at 306.986.3110 or giving@saskatoonlibrary.ca.
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