



James V. Brown Library
19 E. Fourth Street, Williamsport, PA 17701
570-326-0536 www.jvbrown.edu

Date: _____

Staff member: _____

Donor Information

Donor's name _____
(If the donor is a child, please fill in the parent's name as a contact for questions.)

Address _____

Phone # _____

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Payment Method (circle one)

Cash Check # Amount: \$ _____

Credit Card
 Card number _____
 Expiration _____ CVV code _____

Unless otherwise specified, we will use your donation to support the ongoing services of the James V. Brown Library.

Dedication (circle one) In memory of In honor of
 Name: _____

PLEASE NOTIFY:

Name: _____ Relationship to honoree: _____
 Address: _____

Book donation: Your donation will be used to purchase a book. We will place a bookplate in the book.

Collection (circle one) ADULT CHILDREN'S STORYMOBILE

For office use only: Title(s) and author
