

Friends of the Fallbrook Library

Donations

Donor Information:

•Name: _____

•Address: _____

•City/Zip: _____

•e-Mail: _____

•Phone: _____

In Memory of Designation: (Message or Instructions)

I would like to donate \$_____ to:

(✓ program below and specify, e.g.: Bottomshelf Book Store)

- Children's library program
- Book Store / Bottomshelf Book Store
- Teen library program
- Adult library program
- Music program
- Art Program
- Other _____

Print this form, complete and submit with check payable to FOFL

Mail to: Friends of the Fallbrook Library PO Box 2586, Fallbrook, CA 92088

-- OR --

Drop off at the Bottom Shelf Bookstore