



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.: Bottom Shelf Book Store)

- Children's library program
- Book Store/Bottom Shelf Book Store
- Teen library program
- Adult library program
- Music program
- Art Program
- ACL-Advancing Children's Literary
- 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 at the Fallbrook Library--