

CMU Libraries Donation Form

DONOR INFORMATION:

Name: _____
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City: _____
State and ZIP: _____
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APPLY MY CONTRIBUTION TO: (check one only)

- Clarke Historical Library
 University Library
 Clarke Historical and University Library
(Off Campus Library Services is supported through the University Library)
 I have materials to donate to the library
 This is a joint gift. Please also credit _____

DONATION AMOUNT: \$ _____

One-time gifts of \$75.00 and above qualify for membership in the *Friends of the Libraries*.

PAYMENT METHOD:

CHECK (Please make check payable to the CMU Libraries)

Visa MasterCard Discover American Express

CARD # _____

EXP. DATE: _____

SIGNATURE: _____

(as it appears on the card)

CONTRIBUTOR RELATIONSHIPS:

- \$75-149 FELLOW
 \$150-249 BENEFACTOR
 \$249-499 HERITAGE FRIEND (Donor recognition on a chair)
 \$500-999 LEGACY FRIEND (Donor recognition on a study carrel, computer carrel, open book stack, or room)
 My employer has a matching gift program. (Please include gift form).

Please send this form, with your contribution to:

Central Michigan University
407B Park Library
Mt. Pleasant, MI 48859

For more information contact:

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