



## Monetary Donation Form

---

First Name

Last Name

---

Address

---

Town

State

Zip Code

---

E-mail address:

*\* We do not share addresses and only send library related e-mails.\**

Donation amount: \$ \_\_\_\_\_

This donation is intended to go towards:

- The Friends  
 The Endowment

(Optional) This donation was made in memory of: \_\_\_\_\_

Honoree's name

Please make checks payable to: *Friends of the Mansfield Library, Inc.*

Mail to: Friends of the Mansfield Library  
c/o Friends of the Mansfield Library  
54 Warrenville Road  
Mansfield Center, CT 06250

Questions or comments:

[FriendsOfTheMansfieldLibrary@gmail.com](mailto:FriendsOfTheMansfieldLibrary@gmail.com)