

Donation

Cliffside Park Public Library

Donation Form:

Today's Date: _____

Honored Person(s):

Tribute, Occasion, Event:

Name & address where an acknowledgement letter can be sent:

Donor's Name:

Donor's Address:

Donor's Phone:

email:

Send the completed form and a check (made payable to CPPL) to:

**The Cliffside Park Public Library
c/o Library Director
505 Palisade Avenue
Cliffside Park, NJ 07010**

For Library Use Only:

Amount received: _____

Donation Acknowledgement letter sent to donor ____

Donation Acknowledgement letter sent to family ____