



**DONATION TO THE LAWRENCE COUNTY PUBLIC LIBRARY FAMILY HISTORY LIBRARY**

I, the undersigned, understand and acknowledge that all donations to LCPL are final.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

LCPL is under no obligation to accept or return any donated items.

**TITLE/DESCRIPTION OF MATERIALS:** (If you need more space, use the other side of the page)

Receipt of the above material is hereby acknowledged with appreciation for and in behalf of The LCPL.

<p><b>LCPL USE ONLY</b></p> <p>Received by: _____ Date: _____</p> <p>Comments:</p>	<p><b>Delivery Method:</b></p> <ul style="list-style-type: none"> <li>◇ In Person</li> <li>◇ Drop Off</li> <li>◇ Mail</li> <li>◇ E-Mail</li> </ul> <hr/> <p><b>Format:</b></p> <ul style="list-style-type: none"> <li>◇ Physical Item</li> <li>◇ Flash Drive</li> <li>◇ CD/DVD</li> <li>◇ Other</li> </ul>
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