Ways to Donate

1. Monetary Gifts & Donations
   These monetary contributions can be used for general library use or programs at the library.

2. Book Dedications
   Dedicate a book to a person or organization of your choosing.

Both donation types can honor a person by completing the honoree information section of the form.

Contact Us

Phone: 440-323-5747
Address: 211 Second St. Elyria, OH 44035
Website: www.elyrialibrary.org

EPLS Locations

EPLS Central
211 Second St.
Elyria, OH 44035

EPLS Keystone
133 E. Commerce Dr.
LaGrange, OH 44050

EPLS South
340 15th St.
Elyria, OH 44035

EPLS West River
1194 W. River Rd. N.
Elyria, OH 44035
The Board of Trustees and Library staff sincerely appreciate your generosity. Your support allows the Elyria Public Library System to grow.

**DONOR INFORMATION**

Donor Name(s): ____________________________

Street Address: ____________________________ City, ST ZIP: ____________________________

Phone: ____________________________ Email: ____________________________

**MONETARY GIFTS, DONATIONS & BOOK DEDICATIONS**

Enclosed is my gift/donation to support library services of the Elyria Public Library System.

Amount Enclosed: ____________________________

I would like to direct my gift/donation to: (choose one)

- □ General/Where the Need is Greatest
- □ Programs for Library Users
- □ Book Dedication

If you checked Book Dedication, complete the Area of Interest with type/genre of book AND level

Area of Interest: ____________________________ For: □Adult □ Teen □ Children

**HONOREE INFORMATION**

Name(s): ____________________________

Memorial/Dedication Type: □ In Memory of □ In Honor of □ In Celebration of □ In Appreciation of

Send Acknowledgement to:

Name: ____________________________

Street Address: ____________________________ City, ST ZIP: ____________________________

**PAYMENT INFORMATION**

Amount Enclosed: ____________________________ □ Cash □ Credit Card □ Check #

Credit Card Information:

- □ Mastercard
- □ Visa
- □ Other: ____________________________

Card Number: ____________________________ Expiration Date: ____________________________

Signature: ____________________________

Date Rec’d: ____________________________ Branch: ____________________________ Staff Initials: ____________________________

Send to Fiscal Office □