

Library Donation Form

Please send this form and your tax-deductible donation to:

**Murphy Memorial Library
PO Box 942
Monona, Iowa 52159**

Make checks payable to: Murphy Memorial Library

Name: _____

Address: _____

City, State, Zip: _____

**Total Donation Amount \$ _____
(Maximum of 2 years to pay in full)**

My workplace has matching funds (circle one) Yes No

Payment Options: (Check one)

____ **Paid in Full**

____ **Monthly Installment of \$ _____ for _____ year(s)**

____ **Quarterly Installment of \$ _____ for _____ year(s)**

____ **Yearly Installment of \$ _____ for _____ year(s)**

____ **Check if you would like a receipt mailed.**

**Murphy Memorial Library would like to thank all
who donate to the expansion project!**