



Library Gifts & Memorials

Date: _____

I would like to donate \$ _____

What area would you like your donation to be used?

- Area of Greatest Need
- Library furnishings _____
- Other (please specify) _____

Name: _____

Address: _____

Phone number: _____

If your donation is in memory of a loved one, who would you like an acknowledgement card sent to?

Name: _____

Address: _____

Who is this in memory of? _____

Mail to:
Annapolis Valley Regional Library
PO Box 510
Berwick, NS
B0P 1E0

If you would like information
about making a bequest to
the library, please call
toll free 1-866-922-0229.

Thank you for your donation!

I give permission for my donation to be acknowledged publicly