

**777 East Rialto Avenue**

**San Bernardino, CA 92415**

**Donate to the Library Form**

Name:

Address:

Phone:

Email Address:

Check/ Money Order:

Please select your gift amount:

[ ]  $25 [ ] $50 [ ] $100 [ ] $250 [ ] $500 Other:

I would like my charitable donation to be directed:

[ ]  Where it’s needed most

[ ]  General book fund

[ ]  Children’s Programs and Services

[ ]  My local Branch:

Include Tax ID #