



Friends of the Lynnfield Library Donation Form

Your generous donation allows the Friends to continue their support of the Lynnfield Library and all the services they provide the community. Thank you!

.....
Date ___/___/___

Donor Name _____

Address _____

City/State/Zip _____

Telephone _____ E-mail _____

Donation to Support Library Programs

Amount: \$ _____

This gift is __In memory of __In honor of (name) _____

Payment Options:

Please make checks payable to **Friends of the Lynnfield Library** and send it to:
Friends of the Lynnfield Library, 18 Summer Street, Lynnfield MA 01940
Or visit <http://foll.org> to pay online with **PayPal**



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.....
RECEIPT *(for your records)*

Total Friends of the Lynnfield Library donation amount: \$ _____ Date _____

Friends of the Lynnfield Library is a 501(c)(3) nonprofit corporation. Your donation is tax deductible.