

Make a Difference

Please provide us with your information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please designate my gift:

_____ In honor of:

_____ In memory of:

_____ Other (Describe below)

Gift of \$_____ *A minimum gift of \$25 will
make possible the selection of
a book, e-book or media item.

Please use my gift for:

_____ *The Collection

_____ Youth Collection

_____ Adult Collection

_____ Programs

_____ Others (Describe Below)

All gifts are tax deductible to the extent allowed by law.

Please send an acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

Please make checks payable to:
Sarasota County Library System
and mail to:

Sarasota County Library System
1660 Ringling Blvd. 
Sarasota, FL 34236 Sarasota County

Thank you so much!