

DONATION FORM



Friends of Shannon Staub Public Library, Inc.
Supporting the Shannon Staub Public Library

I want to contribute to the Friends of Shannon Staub Public Library, Inc.

DONATION AMOUNT: _____

Please make checks payable to: Friends of Shannon Staub Public Library, Inc.

Name: _____

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The Friends of Shannon Staub Public Library, Inc. publishes a directory of member phone numbers and email address for members' use only. If you do not want your name and number in our directory, check below.

☐ Do not include my phone number ☐ Do not include my email address ☐ Do not include my name

P.O. Box 7403 North Port, FL 34290
 Phone: 941-237-1985

Libraryfriends.wix.com/libraryfriends
 #friendsofshannonstaubliclibrary

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For Internal Use Only

Date Received: _____

Entered By: _____

Date Deposited: _____

A copy of the official registration and financial information for The Friends of the Shannon Staub Public Library, Inc. (Registration No. CH47600) may be obtained from the Division of Consumer Services by Calling Toll-Free 1-800-435-7352 within the state or visiting their website www.freshfromflorida.com. Registration does not imply endorsement, approval, or recommendation by the state.