It is my/our desire that the following library(ies) benefit from my/our gift:

Please consider giving to our greatest need:

 $\hfill\square$ Great River Regional Library

Or, choose to designate to:

- □ Albany Public Library
- □ Annandale Public Library
- Becker Public Library
- Belgrade Myrtle Mabee
 Library
- □ Big Lake Public Library
- □ Buffalo Public Library
- Clearwater Stickney Crossing Library
- Cokato Public Library
- □ Cold Spring Public Library
- Delano Public Library
- □ Eagle Bend Public Library
- □ Elk River Public Library
- □ Foley Public Library
- □ Grey Eagle Public Library
- □ Howard Lake Public Library
- □ Kimball Public Library
- Little Falls Carnegie Public Library
- □ Long Prairie Public Library
- □ Melrose Public Library
- □ Monticello Public Library
- □ Paynesville Public Library
- Pierz Public Library
- □ Richmond Public Library
- □ Rockford Public Library
- □ Royalton Public Library
- □ Sartell GRRL2GO
- Sauk Centre Sinclair Lewis Library
- □ St. Cloud Public Library
- □ St. Michael Public Library
- □ Staples Public Library
- □ Swanville Public Library
- Upsala Public Library
- Waite Park Al Ringsmuth Library

Honor & Memorial Gift Form

Thank you for considering a meaningful gift to honor or acknowledge your family, friend, or loved one.

Donations can be made by cash or check. Please make checks payable to GRRL. You may also make a donation by credit card online through the Support the Library page at the library's website, griver.org.

Please complete the form and send to:

Great River Regional Library Attn: Circulation Dept. 1300 West St. Germain Street St. Cloud, MN 56301

Your Contact Information:

Address	City	State	Zip
() Phone	 Email		
□ I/We prefer to remain	anonymous. 🔲 I/We d	o not want a than	k you lett
Donation Information:			
Date	Amount: *please note: minimum of \$20*		
		olease note: minimum	of \$20*
Recognition Information			
In honor 🗌 In memory			
 Name(s)			
Notification Information	1: Send a letter to the person	(s) below about my g	ift.
Name(s)			
Name(s)			
Name(s) Address	City	State	Zip

