



Donate to the Weston Memorial Fund:

Information (please print or type)

Date	
Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Donation Information

I (we) plan to make this donation in the form of:
___ cash ___ check

Amount of Donation_____

Donations are tax deductible

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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Print this form, bring to the library, or send it to:

The Weston Memorial Fund
C/O: The Sandwich Public Library
142 Main Street
Sandwich MA 02562

Your Donation to the Weston Memorial Fund is greatly appreciated!