

“Make a gift!”
Cliffside Park Public Library

Today’s Date: _____

Honored Person(s): _____

Tribute, Occasion, Event: _____

Name & address where an acknowledgement letter can be sent:

Donor’s Name: _____

Donor’s Address: _____

Donor’s Phone: _____

email: _____

Send the completed form and a check (made payable to CPPL) to:

**The Cliffside Park Public Library
c/o Library Director
505 Palisade Avenue
Cliffside Park, NJ 07010**

For Library Use Only:

Donation Acknowledgement letter sent to donor ____

Donation Acknowledgement letter sent to family ____