“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 ___