

# Send Thank You to:

Please acknowledge my gift or memorial to (family member, friend, or honored person):

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

The enclosed sum should be used to purchase items for:

\_\_\_\_ Siouxland Libraries' greatest need

\_\_\_\_ Adult Collection

\_\_\_\_ Young Adult Collection

\_\_\_\_ Reference Collection

\_\_\_\_ Children's Collection

\_\_\_\_ Audio Books

\_\_\_\_ Music Collection

\_\_\_\_ Movie Collection

\_\_\_\_ Outreach Services/Homebound

\_\_\_\_ Other (please specify)  
\_\_\_\_\_

Please make checks payable to:

Siouxland Libraries  
200 North Dakota Avenue  
P.O. Box 7403  
Sioux Falls, SD 57117-7403

A copy of the Siouxland Libraries Selection Policy is available upon request.

# Remember the Library



Where your generosity may honor one person, but help the entire community.



Siouxland Libraries  
200 North Dakota Avenue  
P.O. Box 7403  
Sioux Falls, SD 57117-7403  
605-367-8700

Gifts  
Memorials  
Endowments

# Gifts & Memorials

A special way to honor friends and loved ones, and at the same time support your community, is to have a book, several books, or other materials purchased for the library with your donation. You may do this to celebrate:

- Birthdays
- Birth of a child
- Retirement
- Other special occasions
- Someone's life (Memorial)

Each item will have a bookplate identifying the donor and the person being honored.

## Memorial & Endowment Funds



Individuals or organizations may wish to establish memorial or endowment funds by giving a considerable donation to purchase materials in honor or memory of someone special over an extended period of time. To do this, please contact the Library Director at

**605-367-8700**

## Siouxland Libraries Gifts & Memorials Form

Please fill out both sides and print.

### THIS GIFT IS FROM:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Enclosed is a gift of \$ \_\_\_\_\_ to the  
Siouxland Libraries.

### INFORMATION FOR BOOKPLATE:

Please check *one* box and fill in the blank for a special event or observance.

(e.g. In Honor of "the birth of . . .")

In Honor of \_\_\_\_\_

To Commemorate \_\_\_\_\_

In Appreciation of \_\_\_\_\_

In Memory of \_\_\_\_\_

Donated by \_\_\_\_\_

(if given in your own name)

Name \_\_\_\_\_

(name of person as it should appear on plate)

If a memorial or gift, do you want your name on the bookplate? \_\_\_\_\_ yes \_\_\_\_\_ no