

## Book Donation Form

Donor Name: \_\_\_\_\_

Donor Contact Information: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Brief Description of Donation: \_\_\_\_\_

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How are you affiliated with St. John's Episcopal Church?

- \_\_\_\_\_ Member of the Staff
- \_\_\_\_\_ Member of a Ministry
- \_\_\_\_\_ Member of the Congregation
- \_\_\_\_\_ Other (please specify)

If you need a record of your donation for tax or other purposes, please let us know and we will provide a receipt.