



Donation Form

I would like to contribute to Cheltenham Township Library System. Enclosed is my check for \$_____.

Please mail to :
CTLS, 215 S. Keswick Ave., Glenside, PA 19038.

Use my donation for:

- | | |
|--|---|
| <input type="checkbox"/> Children's services | <input type="checkbox"/> Audiobooks |
| <input type="checkbox"/> Adult books | <input type="checkbox"/> Computing services |
| <input type="checkbox"/> DVDs | <input type="checkbox"/> General operating |

Acknowledgement should be sent to:

Name: _____

Address: _____

Thank you!