



Donation Form

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Donation Amount: \$ _____

Purpose of your donation:

Signature: _____

Date: _____

Please make checks payable to Schaumburg Township Library Foundation.

Deliver or mail checks to:

Schaumburg Township Library Foundation

130 South Roselle Road

Schaumburg, IL 60193