



GIFT RECORD
Bureau of Jewish Education Maurer Library
6711 Hoover Rd.
Indianapolis, IN 46260
(317) 255-3124, ext. 328
library@bjeindy.org

DONOR INFORMATION

Donor Name:	_____			
Donor Address:	_____			
	Street	City	State	Zip Code
Donor Telephone:	_____			
Amount: \$	_____			
Method of Payment:				
<input type="checkbox"/> Check (Please make payable to BJE)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard		
Card Account Number:	_____			
Expiration Date (MM/YYYY):	_____			
Signature:	_____			

TYPE OF GIFT

1. <input type="checkbox"/> Print and Audio/Visual Library Material Collections the library needs to build:
<input type="checkbox"/> General Judaic <input type="checkbox"/> Young Adult <input type="checkbox"/> Israel <input type="checkbox"/> Israeli Feature Films
<input type="checkbox"/> Iranian Jewry <input type="checkbox"/> Holocaust <input type="checkbox"/> Other (please specify): _____
2. <input type="checkbox"/> General Library Support Special Programs, Outreach, Indianapolis Marion County Public Library (IMCPL) partnership

BOOKPLATE INFORMATION

Bookplate desired: <input type="checkbox"/> Yes <input type="checkbox"/> No	# of bookplates (one book for every \$25): _____
<input type="checkbox"/> Gift from: <input type="checkbox"/> Memorial to: <input type="checkbox"/> Honoring: Name: _____	
Person to be notified: _____	
Address: _____	
Street	City State Zip Code

ACKNOWLEDGEMENT

Received by: _____	Date: _____
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