

**Franklin D. Schurz Library**  
**Indiana University South Bend**

Donor Form

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Is this donation to be reported for tax purposes?** Yes or No

**Did you provide an inventory list?** Yes or No

*Keep this form with the materials*