

Date _____

Memorial/Honor Request Form

*****Library Staff Use Only*****

Name _____

(LAST)(FIRST)

Person(s) Memorial/Honor is for _____
(Print as Donor wants to appear in the Newsletter/Bookplate if applicable.)

Donor(s): _____
(Print as desired in the Newsletter/Bookplate if applicable.)

Donor's address & phone number _____

Name & address of person(s) to receive memorial notice from library:

Adult ___ Juvenile ___ General ___

Total amount donated: _____

We strive to be good stewards of your donation which will allow the library to purchase additional materials for our collection or provide supplies for upcoming youth and adult programs. Any books purchased will have a book plate placed in the front. All donations will be in the Library Newsletter. Thank you for helping our library and community grow.

======(Library Staff Use Only)=====

Where donation was used:

PAYMENT MADE ___ NOTICE(S) SENT ___ BOOK(S) PROCESSED (If applicable) ___ IN NEWSLETTER ___