

DONATION/MEMORIAL FORM

Date: _____

Staff: _____

Your Information:

Name: _____

Address: _____

Email: _____

Phone: _____

Amount: \$ _____ Ck _____ Cash _____

This gift is in memory _____ or honor _____ of:

Name: _____

Please designate my gift to the following area:

_____  Books _____  Library Expansion Fund

_____  Area of Greatest Need

_____ Initials

If a book selection will be made, please provide subject ideas:

Internal Use:

TY sent (non-memorial): _____ Polaris: _____ Mem card sent: _____

Book(s) selected: _____ Label: _____ Mem spreadsheet: _____

Please send a memorial card to:

Name: _____

Address: _____

City: _____

ST, Zip: _____

(or name of funeral home)

NOTES: