

Memorial Form

Date _____

Name of person(s) giving memorial gift:

Address:

Phone number:

Name of person for whom memorial is being placed:

Plaque will read:

In memory of

Send acknowledgment cards to:

1) Name

Address

2) Name

Address

3) Name

Address

Title notification of selected book? _____

Yes _____

No _____

Suggestion for subject of book/av item:

Amount donor wishes to spend: _____

(Payment is due at the time memorial is placed.)

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Book selected:

Acknowledgments sent _____

Thank you to donor sent _____

Plaques completed _____

