

# 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 \_\_\_\_\_

\_\_\_\_\_

