

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: _____

