



Memorial Gift Form

Amount of Donation: \$ _____ Date: _____

In memory/honor of: _____

Donor Name: _____

Address: _____

Phone: _____ Email: _____

Would you like a notice sent to the family? ____ yes ____ no

If yes, please provide contact information:

Name: _____

Address: _____

Additional notes: _____

For library use:

Amount: \$ _____ Cash or Check # _____

Notification Record:

Date: _____ Method: _____

A copy of our 501c3 papers is available upon request.

Your donation is tax deductible within the limits set by the IRS