



Memorial/Honorary Book Donation Form

Date: _____

Donated by:

Name: _____

Address _____

Phone Number: _____

Amount of donation (minimum \$35 per book): \$ _____ Cash Check

Book Plate (Optional)

In Honor or Memory of [circle one]: _____

Check box to include donor's name on book plate

Send acknowledgment card? Yes or No

To: _____

Staff will select and purchase a title for the library's collection. You may provide general interests or favorite book genres to aid us in our selection process: _____

Send your cash/check and completed form c/o Business Manager, Wallingford Public Library, 200 N. Main Street, Wallingford CT 06492 or hand-deliver to the Information Desk.

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DO NOT WRITE BELOW THIS LINE — INTERNAL USE ONLY

Received by: _____

Bus. Mgr: _____

Acq: _____

Admin: _____

Date: _____

Date: _____

Date: _____

Date: _____