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.

DO NOT WRITE BELOW THIS LINE — INTERNAL USE ONLY

Received by:__________ Bus. Mgr:__________ Acq:__________ Admin:__________
Date:_______________ Date:_______________ Date:_______________ Date:_______________