



## Memorial/Honorary & Other Donation Form

Date: \_\_\_\_\_

Donated by:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of donation (minimum \$35): \$ \_\_\_\_\_

Book Plate (Optional)

In Honor or Memory of [circle one]: \_\_\_\_\_

Send Acknowledgment card? Yes or No

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests or other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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