

# Memorial Donation Form

Please fill out the form below to make a donation in memory of a loved one. Your contribution will support our cause and an acknowledgement will be sent as specified.

## Your Name \*

First Name          Last Name

## Your Phone Number \*

Please enter a valid phone number.

## Your Email

example@example.com

## Your Mailing Address \*

Street Address

Street Address Line 2

City                                  State / Province

Postal / Zip Code

## What type of donation is this? \*

- Memorial
- Honorarium
- Commemoration

## Would you like your donation to be used for: \*

Book

Library Operations

**Full name of the person, organization, or event in whose memory/honor you are donating: \***

**If you would like your donation used for a book, list any book title or subject preferences and our librarians will do their best to choose something that will fit into our Library's collection.**

Please see our Memorial Donation Policy for book requests.

**Please send an acknowledgement to:**

Please provide a full name and mailing address