Flat River Community Library
HONOR/MEMORIAL FUND DONATION FORM

DONATION AMOUNT $_____ □ IN MEMORY OF □ IN HONOR OF

BOOK PLATE INFORMATION (INSIDE LIBRARY MATERIAL)

TRIBUTE'S NAME:_____

DONATED BY: _____

DONOR CONTACT

NAME:_____

ADDRESS: _____

CITY:_____STATE:_____ZIP CODE: _____

PHONE NUMBER: _____

EMAIL (OPTIONAL): _____

ACKNOWLEDGEMENT SENT TO (NEXT OF KIN)

NAME:_____

ADDRESS: _____

CITY:_____STATE:_____ZIP CODE: _____

PHONE NUMBER: _____

EMAIL (OPTIONAL): _____

MATERIALS TYPE/REQUESTS (PLEASE INDICATE SPECIFIC REQUESTS)

□ ADULT □ YOUTH □ TEEN □ ANY COLLECTION

□ BOOK □DVD □MUSIC □ AUDIOBOOK □ ANY FORMAT

SUGGESTED SUBJECT/INTERESTS: _____

********** STAFF USE ONLY**********

DATE_____ AMOUNT COLLECTED $_____ CASH/CHECK NO_____ ACCEPTED BY_____ DEPOSIT DATE_____

# of items selected for this donation_____ Dates Ordered_____ Dates Received_____

IN SYSTEM □ Yes □ No DATE OUT TO LLC_____ DATE BACK FROM LLC_____

TITLE_____CALL NO_____ PLATED_____

TITLE_____CALL NO_____ PLATED_____

TITLE_____CALL NO_____ PLATED_____

TO PROCESSING (1)_____ (2)_____ (3)_____ READY FOR CIRC (1)_____ (2)_____ (3)_____

LETTERS SENT TO: DONOR_____ NEXT OF KIN_____ DONOR_____ NEXT OF KIN_____

PERMANENT PAGE TYPED_____ ANNOUNCED IN NEWSPAPER _____ MEMORIAL COMPLETED_____