



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 HANS C ANDERSEN COLLECTION ANY COLLECTION
 BOOK DVD 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 _____

LETTERS SENT TO: DONOR _____ NEXT OF KIN _____ DONOR _____ NEXT OF KIN _____

EXCEL LINE NUMBER _____ ANNOUNCED ON FACEBOOK _____ MEMORIAL COMPLETED _____

*TO VIEW SELECTED TITLES, SEE MEMORIALS TRACKING IN THE MEMROIALS FOLDER ON S:MEMORIALS