



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 _____

of items selected for this donation _____ Date Ordered _____ Date 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 _____