

Wallingford Public Library
Memorial/Honorary Book(s)

Date: _____

Donated by:

Name _____

Address _____

Phone No. _____

Amount of Donation: _____

Date Paid: _____

In memory or honor of (circle one): _____

(to be put on bookplate)

Send acknowledgement to: _____

Do not fill out below line; for Library use only.

Book Title(s): _____

Date Ordered: _____

Date Received: _____

Date Billed: _____