

# Memorial/Honorary & Other Donation Form

Date: \_\_\_\_\_

Donated by:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount of donation: \$ \_\_\_\_\_

Book Plate (Optional)

In Honor or Memory of [circle one]: \_\_\_\_\_

Send Acknowledgment card? Yes or No

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests or other relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submit completed form to the Wallingford Public Library Information Desk with your monetary donation.**