

MEADVILLE PUBLIC LIBRARY
MEMORIAL DONATION

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IN MEMORY/HONOR OF _____
Last Name First Name

Please select: In Memory In Honor

GIVEN BY: Name: _____

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City, State, Zip: _____ Phone &/or email: _____

NOTIFY: Name: _____

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AMOUNT: \$ _____ DATE: _____

SUGGESTED TITLE &/OR SUBJECT: _____

(A minimum donation of \$25 is required for a memorial book with a book plate; otherwise, your donation will be placed in the general book fund.)

If you would rather make a donation to the general book fund, check here:

Please complete the following as you wish it to appear on the memorial plate:

In Memory/Honor of:

Presented by:

MAIL YOUR COMPLETED FORM AND DONATION TO:
Meadville Public Library
848 N Main St
Meadville, PA 16335
Attn: Audrey Porter

Questions: call 814-336-1773 ext. 306
or email: aporter@ccfls.org