



MEMORIAL AND GIFT CONTRIBUTIONS

(Please print, fill out and return to branch)

Date _____

In Memory of _____

Donor Name _____

Address _____

I agree to allow my address to be sent to the family for acknowledgement purposes.

Address of Family Member to be notified:

Book(s)/Videos are for the following Library:

Central South Tullis Magnolia West Meador Mitchell

I wish for a memorial/gift plate to be placed in book. Yes No

Specify type of gift (please make checks payable to MCMLS):

1. Cash contribution of \$_____ for purchase of specific book. Please specify title or subject desired.

2. Cash contribution to Library's book fund (Library will choose book). Please specify amount and attach payment. \$_____

3. Book has been purchased from another source and is being donated to the Library. Please complete under book section below. I understand that the book must meet certain selection criteria before it will be added to the collection.

BOOK SELECTED:

Title _____

Author _____

ISBN _____ Price _____ Pub. Date _____

For Library Staff Only: Please check, date, and initial as completed.

Donor acknowledged (date & initials _____) Book ordered (date & initials _____)

Family notified (date & initials _____) Book received (date & initials _____)

Payment received (date & initials _____) Memorial plate inserted (date & initials _____)