

MEMORIAL DONATION FORM

*****Make checks payable to the Friends of the Henderson County Library*****

Date: _____

Amount donated: \$ _____ (Minimum of \$20 is required for material purchases)

Donor's name(s): _____

Donor's Address: _____

In Honor/Memory of: _____

Circle one

Any extra text on plate: _____

Letters of acknowledgement to:

Name: _____

Address: _____

Name: _____

Address: _____

Topics or specific titles: _____
