

MEMORIAL GIFT FORM

I would like to donate \$ _____ to purchase materials for the Decatur Public Library as a gift/ in memory of/ in honor of (circle one) _____ . I would like to see it used to purchase items for the

following collection: Adult ____ YA ____ Children's ____ Reference ____ Large Print ____ Extension ____ AV ____ Other ____

Suggested Titles: _____

Suggested Subjects: _____

Name of Donors as they should appear on bookplate: _____ Phone Number: _____

Address: _____

Please send an acknowledgement of my gift to the family member or honoree listed below.

Name: _____ Address: _____

Name: _____ Address: _____

Received in person ____ or by mail ____ on this date _____ by ____ in the amount of \$ ____ by check ____ or cash ____

Acknowledgements prepared on this date _____ by ____ to the donor ____ family ____ honoree ____ other ____

Blue Memorial card prepared _____ Green Donation card prepared _____

Notice sent to selectors _____ Base fund code _____

Please mail to: Memorial Fund
Administrative Office
Decatur Public Library
130 North Franklin Street
Decatur, IL 62523-1327