GIFT/MEMORIAL BOOK DONATION REQUEST FORM

DONOR INFORMATION:

NAME: ____________________________

ADDRESS: ____________________________

PHONE: ____________________________

DONATION IS MADE IN MEMORY or IN HONOR (please circle one) OF WHOM: __________

PRESENTED BY: ____________________________

DONATION AMOUNT: ____________________________

PAID TODAY ( ) TO BE BILLED ( )

TO WHOM WOULD YOU LIKE A LETTER SENT INFORMING THEM OF YOUR GIFT:

NAME: ____________________________

ADDRESS: ____________________________

PREFERENCE, IF ANY, FOR MATERIAL SELECTED: ____________________________

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For Office Use Only:

Initiated ____________________________

1st Acknowledged ( ) ( ) NOTES: ____________________________

Item Requested ( ) ( ) TITLES SELECTED: ____________________________

Item Ordered ( ) ( ) ____________________________

Item Received ( ) ( ) ____________________________

Item Available ( ) ( ) ____________________________

2nd Acknowledged ( ) ( ) ____________________________