

Bridgeville Public Library Memorial Donation

In Memory Of: _____

Donor Name: _____

Address: _____

Phone: _____

Amt of Memorial: \$ _____ Book Title(s)/Subject(s): _____

Check here if no memorial book is desired

Memorial Acknowledgement To Be Sent To:

Name: _____

Address: _____

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Memorial Acknowledgement To Be Sent To:

Name: _____

Address: _____

THIS SIDE TO BE COMPLETED BY LIBRARY PERSONNEL

Staff Initials: _____

Dates Of:

Memorial Form Received: _____ Acknowledgements Mailed: _____ Book(s) Ordered: _____

Material Information:

Title _____ Author(s) _____ Date Cataloged Cost

Memorials Spreadsheet Updated On: _____

THIS SIDE TO BE COMPLETED BY LIBRARY PERSONNEL

Staff Initials: _____

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