

ARCHBOLD COMMUNITY LIBRARY

Memorial/Honor Gift Form

GIFT TYPE

Memorial: Honor:

DONATION

Amount: \$ _____

Type: Cash: Check Credit/Debit (in library only)

GIFT PLATE

Please indicate whether or not you wish to have a gift plate placed inside your memorial/honor book.

- Yes, please include a gift plate.
- Yes, please include a gift plate but I wish to remain anonymous as the donor.
- No gift plate is necessary.

IN MEMORY/HONOR OF

If a gift plate is desired, include the exact name as it is to appear on the gift plate.

DONATION GIVEN BY

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PERSON(S) TO BE NOTIFIED

If a notification is to be sent by the library, please include complete name and address of the person to be notified.

- Yes, please notify the honoree of my donation.
- Yes, please notify the family of my memorial donation.
- No notification is necessary.

NAME: _____

ADDRESS: _____

SUGGESTED AREAS FOR DONATION

Please indicate if you have an age preference or subject area for your donation.

Preschool – Grade 2 Grades 3 – 6 Teen Adult

Please contact me regarding my preferences.

Subject/Title

1. _____

2. _____

3. _____

4. _____

Checks should be payable to: Archbold Community Library

Please mail or return this form to: Archbold Community Library
205 Stryker St.
Archbold, OH 43502

You may also email this form to office@archboldlibrary.org or fax to 419.446.2142.

Your donation is tax deductible.