# WALLINGFORD PUBLIC LIBRARY

## Memorial/Honorary Book Donation Form

Date: _____

Donated by:

Name: _____

Address: _____

Phone Number: _____

Amount of donation (minimum $35 per book): $_____  Cash ☐  Check ☐

Book Plate (Optional)

In Honor *or* Memory of [circle one]: _____

    Check box to include donor's name on book plate ☐

Send acknowledgment card? Yes or No

To: _____

_____

_____

Staff will select and purchase a title for the library's collection. You may provide general interests or favorite book genres to aid us in our selection process: _____
_____

**Send this completed form with your cash or check made payable to Wallingford Public Library to:
Business Manager, Wallingford Public Library, 200 N Main Street, Wallingford CT 06492
or hand-deliver to the Information Desk.**

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**DO NOT WRITE BELOW THIS LINE — INTERNAL USE ONLY**

Received by:_____  Bus. Mgr:_____  Acq:_____  Admin:_____
Date:_____  Date:_____  Date:_____  Date:_____