



MEMORIAL & GIFT FUND DONATION

Date: _____ Donation (checks to **Wadsworth Library**): \$ _____ Staff initials _____

Donor Name: _____

Donor Address: _____

Phone: _____ Email: _____

Book Plate Inscription:

In memory of : _____

In honor of: _____

Event commemoration: _____

Acknowledgement Names/ Addresses:

1. _____

2. _____

Title/Author/Subject Suggestions (optional) _____

Staff use

Acknowledgements: To Donor _____ (date sent) To Family/Honoree _____ (date sent)

Initials & dates: Ordered _____ Processed _____ Completed _____

Titles purchased & dates received: _____

