

# Memorial and Honor Request Form

(Please print)

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Amount Donated \_\_\_\_\_

Preferred subjects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN MEMORY OF / IN HONOR OF** (Circle one)

(Please print)

\_\_\_\_\_

## Send Notice to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signed \_\_\_\_\_

Amount Received \_\_\_\_\_

Please make check payable to:

**FRIENDS OF THE DEER PARK PUBLIC LIBRARY**

---

### STAFF ONLY

Today's date: \_\_\_\_\_ Assisted by: \_\_\_\_\_