



## Application for Memorial/Honor Donation

### DONOR INFORMATION

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### DONATION INFORMATION

Donation Amount: \$ \_\_\_\_\_ Your Relationship to Honoree: \_\_\_\_\_

Honoree's Name: \_\_\_\_\_

Donation is for:  Memorial

Honor Occasion (birthday, anniversary, etc.): \_\_\_\_\_

Donation is for a:  Children's Item  Adult Item  Teen Item

Location to place item:  Ida Rupp  Erie Islands  Marblehead Peninsula

To help our staff choose a title, please suggest some subjects. (e.g. cooking, hobbies, inspirational, etc.)

\_\_\_\_\_

### NOTIFICATION INFORMATION

Would you like us to notify anyone of this gift? If so, please fill out the following:

Name: \_\_\_\_\_ Relationship to Honoree: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR LIBRARY USE**

Date Received: \_\_\_\_\_ Donation Received by (staff name): \_\_\_\_\_

Type of Payment Received:  Cash  Check

Notes: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE ROUTE TO DIRECTOR WITH PAYMENT ATTACHED**

Payment deposited: \_\_\_\_\_

Notice to Donor: \_\_\_\_\_

Notice to Family: \_\_\_\_\_

Title(s) Selected:

Book Plate: \_\_\_\_\_