

MEMORIAL REQUEST

Name of Deceased _____
(Print as Donor wants to appear on memorial book plate)

Donor - Name _____
Street _____
City/State/Zip _____
Phone _____

Family Member or Person to Receive Notice of Memorial

Name _____
Street _____
City/State/Zip _____
(In most cases, only one person notified)

Price paid \$ _____ (ATTACH PAYMENT)

(Average price of adult book - \$15-\$20
Average price of children's book - \$10-\$15)

Type of book - Adult Non-Fiction _____ Ref _____
Adult Fiction _____
(Mark Appropriate Type of Book) Children's NF _____ Fic _____
Pre-School _____

Specific Subj. Area _____
DO NOT guarantee that books on a certain subject area can be obtained **BUT** we will try.

Additional Comments _____

Person's initials taking request _____

Date _____