

MONTGOMERY COUNTY LIBRARY MEMORIAL AND GIFT CONTRIBUTIONS

Date \_\_\_\_\_

In Memory Of \_\_\_\_\_

Donor Name & Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to allow my address to be sent to the family for acknowledgement purposes.

Family Member to be notified \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Book(s)/Videos are for the following Library:

\_\_\_\_\_ Central \_\_\_\_\_ South \_\_\_\_\_ Tullis \_\_\_\_\_ Magnolia \_\_\_\_\_ West \_\_\_\_\_ Meador \_\_\_\_\_ Mitchell

\_\_\_\_\_ I wish for a memorial/gift plate to be placed in book.

\_\_\_\_\_ I do not wish for a memorial/gift plate to be placed in book.

Please specify type of gift:

\_\_\_\_\_ 1. Cash contribution of \$ \_\_\_\_\_ for purchase of specific book. Please specify title or subject desired.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 2. Cash contribution to Library's book fund (Library will choose book). Please specify amount \$ \_\_\_\_\_ and attach payment.

\_\_\_\_\_ 3. Book has been purchased from another source and is being donated to the Library. Please complete under book section below. I understand that the book must meet certain selection criteria before it will be added to the collection.

BOOK SELECTED:

Title \_\_\_\_\_

Author \_\_\_\_\_

ISBN \_\_\_\_\_ Price \_\_\_\_\_ Pub. Date \_\_\_\_\_

.....  
For Library Staff Only. Please check, date, and initial as completed.

\_\_\_\_\_ Donor acknowledged (date & initials \_\_\_\_\_) \_\_\_\_\_ Book ordered (date & initials \_\_\_\_\_)

\_\_\_\_\_ Family notified (date & initials \_\_\_\_\_) \_\_\_\_\_ Book received (date & initials \_\_\_\_\_)

\_\_\_\_\_ Payment received (date & initials \_\_\_\_\_) \_\_\_\_\_ Memorial plate inserted (date & initials \_\_\_\_\_)