

MEMORIAL Books

Date _____

Presented by:
Name _____

Address _____

Acknowledgement sent on date: _____

IN MEMORY OF: _____

Person(s) to whom we send notice of gift:

(1) Name: _____

Address: _____

(2) Name: _____

Address: _____

(3) Name: _____

Address: _____

Acknowledgement(s) sent on date: _____

Amount the donor wishes to spend: (Please make check payable to Everett Free Library.
We cannot bill them. They may send the check in mail.)

_____ () cash () check # _____
(amount)

Special interests of person(s) memorialized to guide us in choice of book:

Books Purchased:

Author:
