



# Memorial Donation Form

PLEASE COMPLETE AND RETURN WITH PAYMENT PAYABLE TO: KENT FREE LIBRARY FOUNDATION.

**I. IN MEMORY OF:** \_\_\_\_\_

**II. DONATION RECEIVED FROM:**

Individual or Group: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Preference:     PHONE    EMAIL    Amount of Donation: \$ \_\_\_\_\_ .00

**III. ACKNOWLEDGEMENTS:**

Donation to be used for (*please check one*):     Memorial Donation to Foundation     Memorial Books\*

Family or Friends to be Acknowledged:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**IV: \*MEMORIAL BOOK DONATAION**

If a book or other library material is the chosen form of donation please indicate subject areas of interest, possible titles, or formats requested. The library will select appropriate titles for the collection based on your recommendation.

**Book Plate to Read:**    **In Memory of** \_\_\_\_\_

**Given by** \_\_\_\_\_

**FOR STAFF USE ONLY**

**Today's Date:** \_\_\_\_\_ **Donation Received by (staff name):** \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_ .00    **Payment Received?**    YES    NO

**Notes:**