



Flat River Community Library HONOR/MEMORIAL FUND DONATION FORM

DONATION AMOUNT \$ _____

BOOK PLATE INFORMATION

IN MEMORY/HONOR OF: _____
(circle one)

DONATED BY: _____

DONOR CONTACT Address _____

City _____ State _____ Zip _____

Phone _____

Email (optional) _____

ACKNOWLEDGEMENT SENT TO (Next of Kin)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

MATERIAL TYPE/ REQUESTS (Please indicate specific requests)

ADULT _____ BOOKS _____ DVD _____
CHILDRENS _____ MUSIC _____ AUDIOBOOK _____
ANY _____ (Mark here if no specific request)

SUGGESTED SUBJECT / _____

INTERESTS _____

STAFF USE ONLY*****			
DATE	AMOUNT	TAKEN BY	
# of Items selected for this donation	DATE ORDERED		
Title/CALL	(RECD)	OUT TO LLC	DATE BACK
Title/CALL	(RECD)	OUT TO LLC	DATE BACK
Title /CALL	(RECD)	OUT TO LLC	DATE BACK
Title /CALL	(RECD)	OUT TO LLC	DATE BACK
BOOK PLATED Date: _____		ACK LETTER SENT DONOR () NOK () Date _____	
IN CIRCULATION Date: _____		FINAL LETTER SENT DONOR () NOK () Date _____	
PERMANENT PAGE TYPED BLACK BOOK			
ANNOUNCED IN NEWSPAPER _____		DATE _____ Total process COMPLETED ()	