



Application for Memorial/Honor Donation

DONOR INFORMATION

Your Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

DONATION INFORMATION

Donation Amount: \$ _____ Your Relationship to Honoree: _____

Honoree's Name: _____

Donation is for: Memorial

Honor Occasion (birthday, anniversary, etc.): _____

Donation is for a: Children's Item Adult Item Teen Item

Location to place item: Ida Rupp Erie Islands Marblehead Peninsula

To help our staff choose a title, please suggest some subjects. (e.g. cooking, hobbies, inspirational, etc.)

NOTIFICATION INFORMATION

Would you like us to notify anyone of this gift? If so, please fill out the following:

Name: _____ Relationship to Honoree: _____

Address: _____

City: _____ State: _____ Zip: _____

FOR LIBRARY USE

Date Received: _____ Donation Received by (staff name): _____

Type of Payment Received: Cash Check

Notes: _____

PLEASE ROUTE TO DIRECTOR WITH PAYMENT ATTACHED

Payment deposited: _____

Notice to Donor: _____

Notice to Family: _____

Title(s) Selected:

Book Plate: _____