



LEHIGHTON AREA MEMORIAL LIBRARY
Memorial/Honor Donations



Date: _____

Donation Type (Choose One): Memory Honor

In Memory/Honor Of: _____

Presented By: _____

Presenter's Phone # _____

Presenter's Address: _____

Send Notification Letter To (family):

Donation Amount: _____

Donation Use (Choose One):

Memorial Book: I would like a book purchased with this donation

Monetary Donation: Donation to be used for general library expenses

Book Donation Details (Choose One):

An appropriate book or other item chosen by library staff

An appropriate book or other item chosen by library staff
 on the topic of _____ OR

For Staff Use:

Payment Method: _____ CHECK # _____

Date Letter(s) Sent: _____

Book Title/Author:
