

MEMORIAL / MONETARY GIFT FORM

DATE: _____

NAME: _____

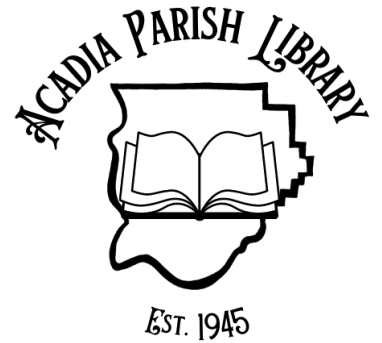
Name to be listed on the memorial tag, "Donated by..."

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____



I wish to donate: \$ _____ **(No Item Donations Accepted)**

Checks payable to the Acadia Parish Library.

This donation is: in memory of _____

in honor of _____

to improve our library's collection.

Notification of donation to be sent to:

NAME: _____

ADDRESS: _____

Materials for Purchase

We will do our best to fill the following choices made.

Age level: **Adult** **Child**

Type: **Fiction** **Non-Fiction**

Subject Recommendation: _____

Preferred Library Branch Location:

Crowley **Rayne** **Church Point** **Iota**

Morse **Mermentau** **Estherwood**

For Library Use Only

Author: _____ Classification: _____

Title: _____ Date Completed: _____