

MEMORIAL/ HONOR BOOKS

Date: _____

Would you like to place a Memorial or Honor Book?

If you are placing an Honor Book, what occasion are you honoring?

Donation type Cash
 Check

Name of Person to be Memorialized or Honored:

Name Donor(s) as it will appear in book:

Address of Donor(s)

Address

City, State & Zip

To whom would you like us to send a card to announce that a book has been placed at the West Pittston Library?

Name(s)

Address

City, State & Zip
