

252-237-5355

Memorial / Honor Donation Form

| Donation amount: \$ | Date: | |
|--|-------------------------|---|
| Check or cash: | _ | |
| Library / Department: | | _ |
| Interest area: | | |
| | | _ |
| *Donations of specific titles must be pre-ap | oproved by the library. | |
| Donor's information: | | |
| Name: | | |
| Address: | | |
| | | _ |
| | | |
| In HONOR of: | | |
| Send acknowledgement card to: | | |
| Name: | | |
| Address: | | |
| *Acknowledgement cards will be sent upon | | |
| Staff member signature: | | |