

LEMONT PUBLIC LIBRARY COMMEMORATIVE BOOKS

Date: _____

Donation Amount: _____

Donation Given By:

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Names of Other Donors: _____

Book Plate to Read:

Presented to the Lemont Public Library District by: _____

Please Check One: *In Memory of* *In Honor of*

(Occasion) _____

Send Gift Announcement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

For Staff Use Only:

For Book Selection: Fiction Non-Fiction Juvenile

Subjects of Interest: _____

Title (1) Chosen: _____

Author (1): _____ Call Number (1): _____

Title (2) Chosen: _____

Author (2): _____ Call Number (2): _____

(List Other Titles and Information on the Back of the Form)

Date Announcement/Acknowledgment Mailed: _____