

Leechburg Public Library

Memorial/Tribute Donation

IN MEMORY OF

IN HONOR OF

(indicate a special occasion if appropriate: birthday, graduation, anniversary, etc.)

PERSON'S NAME _____

\$ _____
AMOUNT OF DONATION

TYPE OF DONATION:

- PURCHASE WHATEVER BOOK(S) THE LIBRARY NEEDS
 - ADULT FICTION
 - ADULT NONFICTION
 - CHILDREN'S BOOK(S)
 - GENERAL OPERATING EXPENSES
-

YOUR INFORMATION

FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

CITY, STATE/PROVINCE _____

ZIP CODE _____

HOME TELEPHONE _____ - _____ - _____

DONATION NOTIFICATION

- YES, SEND NOTIFICATION (FILL IN INFORMATION BELOW)
- NO, DO NOT SEND A NOTIFICATION

FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

CITY, STATE/PROVINCE _____

ZIP CODE _____

Make checks payable to "Leechburg Public Library"

PLEASE DROP OFF OR MAIL TO THIS ADDRESS: LEECHBURG PUBLIC LIBRARY
215 FIRST STREET
LEECHBURG, PA 15656