

\_\_ TY \_\_\_\_  
\_\_ LST \_\_\_\_  
\_\_ FM LST \_\_\_\_  
\_\_ Ordered

## Gift/Memorial Order Form

Date: \_\_\_\_\_ Amount to Spend: \_\_\_\_\_

**Please Check:** \_\_\_\_ Bill **or** \_\_\_\_ Paid With Order

In Memory Of: \_\_\_\_\_

Given By: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Choose one or more of the following options for designating your gift:

Category:	Amount:	Notes:
____ Children's Collection	_____	_____
____ Adult Collection	_____	_____
____ Children's Programs	_____	_____
____ Adult Programs	_____	_____
____ Tuesday Forum	_____	_____
____ Library Gardens	_____	_____

Notification Card To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_