

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:
<input type="checkbox"/> Children's Collection	_____	_____
<input type="checkbox"/> Adult Collection	_____	_____
<input type="checkbox"/> Children's Programs	_____	_____
<input type="checkbox"/> Adult Programs	_____	_____
<input type="checkbox"/> Tuesday Forum	_____	_____
<input type="checkbox"/> Library Gardens	_____	_____

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