

# MEMORIALS

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Bill/Paid

**Please enter names as they should appear on the bookplate.**

IN MEMORY OF: \_\_\_\_\_

FROM: \_\_\_\_\_

**Please send sympathy card to:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please choose one:**

- Adult Book - \$25 minimum
- Children's Book - \$15 minimum
- General Fund - Any amount

**Place item at:**

- Adams Memorial Library
- Caldwell Memorial Library

Name of staff member: \_\_\_\_\_

**Please mail completed for to:**

Adams Memorial Library  
1112 Ligonier St  
Latrobe, PA 15650

*Checks payable to Adams Memorial Library*