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: _____

Donors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please choose one:

- ☐ Adult Book - $35 minimum
- ☐ Children's Book - $25 minimum
- ☐ General Fund - Any amount

Place item at:

- ☐ Adams Memorial Library
- ☐ Caldwell Memorial Library

Name of staff member: _____

Please mail completed form to:

Adams Memorial Library
1112 Ligonier S
Latrobe, PA 15650

Checks payable to Adams Memorial Library