



MEMORIAL / GIFT FORM

SECTION A:

DATE: _____

Amount Paid: \$ _____ CASH: _____ CHECK: _____ CHECK NO: _____

All gifts will be utilized at the discretion of the Library Director in accordance with Board policy, including later withdrawal from the collection, sale or disposal.

Single donations of \$500.00 or more should be recorded on the Support the Hubbard Public Library Form.
(Any restrictions on gifts must be submitted in writing and approved by the Board.)

SECTION B:

GIFT TYPE: _____ Memorial _____ Honor _____ Other

DEPARTMENT: _____ Adult _____ Children's _____ Young Adult _____ Any

IN MEMORY OR IN HONOR OF: _____
(Name as it is to be read on Gift Plate)

DONOR(S) NAME OR NAMES

Name: _____ Phone: _____

Address: _____

Additional Donors may be listed on the reverse of this sheet.

RESERVE FOR:

(If the family/donor has a current library card, the library can place a hold on the item for said patron.)

_____ FAMILY: Name and Phone: _____

_____ DONOR: Name and Phone: _____

FAMILY TO BE NOTIFIED:

Name: _____ Phone: _____

Address: _____

*Please specify suggested purpose of the gift:

_____ Book _____ Video _____ Music _____ Periodical _____ Programs _____ Any

Suggested subject areas or titles:

1. _____ 2. _____ 3. _____

SECTION C:

LIBRARY USE ONLY

GIFT 1. _____

DATE ORDERED: _____ DATE RECEIVED: _____ PURCHASE ORDER # _____

GIFT 2. _____

DATE ORDERED: _____ DATE RECEIVED: _____ PURCHASE ORDER # _____

DONOR "THANK YOU" SENT _____ FAMILY NOTIFICATION SENT _____