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MEMORIAL BOOK, HONOR BOOK OR DONATION REQUEST FORM

Today's Date: _____

In Memory/Honor/Donation of: _____

Card to: _____

Name or Names

Address

Donor: _____

Name or Names

Address

Phone Number

Cost of a book donation (Minimum \$25.00): _____

Subject or Open: _____

Cash Donation (No Minimum): _____

Paid Today: _____yes _____no

I _____ give my permission to publicize my name and the name of the person memorialized. (No amount will be published)

I _____ do not give my permission to publicize my name and the name of the person memorialized.

FOR OFFICE USE ONLY

Memorial/Honor/Donation Number: _____ Date: _____

Check Number: _____ Date Received: _____ Date Deposited: _____

Date Postcard sent: _____ Date Acknowledgement card sent: _____

Date Letter sent: _____ Date Billed: _____