New Castle Public Library Memorial and Honor Book Request

In Memory/Honor Of: Circle One		
Donor Recognition Nam	e (on book plate):	
Donor Name:		
Donor Address:		
Donor phone:		
Donation Amount \$ make checks payable to:	(The library require: New Castle Public Library).	s a minimum \$20.00 donation -
Person/Family to be no	tified:	
Address:		
Please indicate your prefe	erred book selection from the follow	ving general categories.
Adult Fiction	Adult Non-Fiction	Children's/Young Adult
library's collection and m required remaining funds	ecific requests, we must purchase ite eet our collection development poli after the book selection will be util Please note the following:	cy. While a \$20 donation is
 Selections can tak which book was se Requests are retai 	e provided so that the person/famil e up to a month. Call Lori Daytner a elected. ned via electronic files for a period ay be weeded if the title is damaged	it 724-658-6659 x104 to find out of three years.
	Mail the completed form to: New Castle Public Library Attn: Memorials 207 E. North Street New Castle, PA 16101	
Library use only		
Date Received:	Cards sent: Title:	
Author:		