

# Scranton Memorial Library

## Honor or Memorial Gift

Date \_\_\_\_\_

Your name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Amount of Donation \$ \_\_\_\_\_

Payment Method:

Cash \_\_\_\_\_

Check # \_\_\_\_\_ Payable to "Scranton Memorial Library"

VISA/MC/AMEX Card # \_\_\_\_\_

Exp \_\_\_\_\_ CVV \_\_\_\_\_

\_\_\_\_ Yes, I will submit the required forms to my employer so that my gift will be increased with a matching gift.

Name of person(s) to be honored \_\_\_\_\_

\_\_\_\_ Honor or \_\_\_\_ Memorial

\_\_\_\_ Birthday \_\_\_\_ Anniversary \_\_\_\_ Thank you \_\_\_\_ Congratulations \_\_\_\_ Holiday \_\_\_\_ Other

Individual to be notified of honor or memorial gift (honoree or relative/friend of deceased)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Subject preference \_\_\_\_\_

Type of material \_\_\_\_ Book \_\_\_\_ Audiobook \_\_\_\_ CD \_\_\_\_ Other \_\_\_\_ Adult \_\_\_\_ Teen \_\_\_\_ Children's

Inscription for Book Plate \_\_\_\_\_

***The E.C. Scranton Memorial Library is a 501(c)(3) non-profit organization  
and donations are tax deductible to the full extent allowed by law.***

Mail this completed form to:

Development Manager, Scranton Memorial Library, 801 Boston Post Road, Madison, CT 06443

Or, go to [scrantonlibrary.org](http://scrantonlibrary.org) and click SUPPORT YOUR LIBRARY to donate!

***Thank you for your support of our library!***

Office use only (initial + date) NEON \_\_\_\_\_ TY \_\_\_\_\_ Other \_\_\_\_\_ Closed \_\_\_\_\_

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