



Memorial Donation Form



To request a Memorial Donation at Meriden Public Library, please fill out the following information and mail to the Library or leave this form with your check with any Library staff member.

Please make checks payable to: "Meriden Public Library"

I/We wish to contribute \$ _____ for the: (please check one)

- Purchase of a book(s) on the subject of _____
- Purchase of a book(s) in a subject selected by Library staff

Donated by: (Please PRINT)

Name: _____

Address: _____

City/State/Zip code: _____

Gifts may be made to the Library in honor or in memory of a person, to celebrate a family event or to mark any special occasion.

This gift is: (please check one)

- In Honor of
- In Memory of

Please PRINT the name of the person to be placed on the commemorative book plate:

Name: _____

An acknowledgment of the gift will be sent to both the donor and the honoree or their family. Please indicate below where the honoree announcement should be sent.

Name: _____

Address: _____

City/State/Zip code: _____



Meriden Public Library
105 Miller Street
Meriden, CT 06450

