

Memorial/Honor Book Request Form

Donor Last Name:

E-mail:

Home Address:

City, Zip:

Phone:

Name of Person in whose memory
or honor the book is being donated
exactly as you would like it to
appear on the bookplate:

Special Occasion to be noted on
bookplate (e.g. birthday, holiday,
anniversary, retirement, etc.):

Suggested subject area for book:

Would you like a card you can present? YES NO ...OR...

Would you like the Library to write a letter of notification? If so, please provide the following information

Name:

Address:

City, State, Zip:

For publicity purposes, may we use:

Your Name: YES NO

Honoree's Name: YES NO

Title of Book: YES NO

Amount received: \$ (Suggested minimum: \$25.00)

Please call (626) 821-5570 for more information.

Please print and fill-in this form and mail or deliver it, along with your check made payable to the Arcadia Public Library, to: 20 W. Duarte Rd, Arcadia, CA 91006.