



# Rostraver Public Library Memorial Donation

Office use only:
Date: _____
<input type="checkbox"/> Payment Rec'd
<input type="checkbox"/> Notice card
<input type="checkbox"/> Book plate
<input type="checkbox"/> Item Rec'd
<input type="checkbox"/> Letters sent
Title: _____

Please complete the following information:

IN MEMORY/HONOR OF: \_\_\_\_\_  
(Circle one)                                      First Name                                      Last Name

AMOUNT: \$\_\_\_\_\_ SUGGESTED TITLE &/OR SUBJECT: \_\_\_\_\_

GIVEN BY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

NOTIFY:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

◆ Please complete the following as you wish it to appear on the memorial plate:

<b>In Memory/Honor of</b>
  <b>By</b>

Rostraver Public Library 700 Plaza Drive Rostraver Township, PA 15012

(724) 379-5511

rostraver@wlnonline.org