MAHANOY CITY PUBLIC LIBRARY

MEMORIAL , GIFT, and IN HONOR FORM

Date:_____

From:_____

Address: _____

City _____

State_____Zip Code _____

In Memory of_____

In Remembrance of_____

In Honor of_____

Other (Birthday, Mother's Day, Father's Day, Graduation, Retirement, or Anniversary)

_____

Please send memorial or gift acknowledgement to:

Name_____

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City_____

State_____Zip Code_____

DONATION:_(checks payable to the Mahanoy City Public Library)_____

Thanks For Supporting the Mahanoy City Public Library