Commemorative Book Form



I/we would like	e to contribu	te \$	for a book to be plac	for a book to be placed in the Library.	
As a memoria	I for:				
or in honor of:					
or on the occasion of:		Birthday	Anniversary	Graduation	
	or	Other:			
The subject m	atter we pre	fer for this book is (please specify if you have a	a preference):	
memory of or	honoring t	•	-	the Library's collection in ate the relationship between	
	Relationship:				
	Name of person to be notified:				
Address of person to be notified:			ed:		
Donor Informa	ition				
	Name of do	onor:			
	Address of	donor:			
	read the Do	•	Frankfort Public Library Dis	strict and agree that the	
Donor signature:			Date:		

Please make checks payable to the Frankfort Public Library District.