



Date: _____

HONOR SOMEONE SPECIAL IN A SPECIAL WAY

Here's my contribution of \$ _____.
Please purchase materials as indicated below.

IN HONOR OF:

Name: _____
Occasion (Christmas, Chanukah, Birthday, wedding, graduation or other): _____
We will notify the Honoree of your donation, the book selected and that a book plate has been placed in the book in his or her name: Street: _____ City: _____ Zip Code _____

IN MEMORY OF:

Name: _____
We will notify the following person of your donation, the book selected and that a book plate has been placed in the book in memory of the person named above:
Name & Relationship to deceased: _____
Street: _____ City: _____ Zip Code _____

DONOR:

Name: _____
Street: _____ City: _____ Zip Code _____
Indicate a specific subject or author that you would like: _____

SPECIAL WORDING:

Specify any special wording for book plate: _____

Please return this form and donation (Make checks payable to Stratford Library Association)
(Credit Cards also accepted) to:

Administration
Stratford Library Association
2203 Main Street
Stratford, CT 06615

For Office/Staff Use (Indicate fund to be charged)	Date received: _____
	Titles purchased: _____
GFTB <input type="checkbox"/> (Adult)	_____
FRYAB <input type="checkbox"/> (Teen)	_____
FRJB <input type="checkbox"/> (Children's)	_____