



Memorial Donation Form

PLEASE COMPLETE AND RETURN WITH PAYMENT PAYABLE TO: KENT FREE LIBRARY FOUNDATION.

Mail to: Kent Free Library, 312 W. Main St. Kent, OH 44240

I. IN MEMORY OF: _____

II. DONATION RECEIVED FROM:

Individual or Group: _____

Representative's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Contact Preference: PHONE EMAIL Amount of Donation: \$ _____ .00

III. ACKNOWLEDGEMENTS:

Donation to be used for (please check one): Memorial Donation to Foundation Memorial Books*

Family or Friends to be Acknowledged:

1. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

IV: *MEMORIAL BOOK DONATAION

If a book or other library material is the chosen form of donation please indicate subject areas of interest, possible titles, or formats requested. The library will select appropriate titles for the collection based on your recommendation.

Book Plate to Read: In Memory of _____

FOR STAFF USE ONLY

Today's Date: _____ Donation Received by (staff name): _____

Amount: \$ _____ .00 Payment Received? YES NO

Notes:

Please route completed form to Fiscal Officer for processing.