



MEMORIAL CONTRIBUTION FORM (01/17)

Person Being Memorialized: _____

Amount or Maximum Amount of Donation (if it is to pay for material and you want us to select it or to provide a list of items so you or your group can make the selection, we will provide the actual cost of the item at the time of purchase): _____

Contributor (Name of person *or* name of group with the name of the person to contact):

Contributor's Phone Number: _____ and email address: _____

Purpose of Donation (to purchase a book, CD, DVD, eBook or audiobook; to fund Children's Programming, Outreach, etc.): _____

Name/Address of Nearest Kin (we will notify them of the donation): _____

Title of item we should purchase (include author or artist if item is a music cd, audiobook or book) **OR** if you'd like us to select the item(s), tell us a little about the person being memorialized (hobbies, interests, occupation, what type subjects or genres he or she liked to read, listen to, or watch):

If you need more space, please use the back of this form.

Please fill out and give this form to your Branch Librarian who will forward it to the Cataloging Supervisor or the Collection Development Librarian at the Administrative Office for action

or
call the Cataloging Supervisor at 937-456-4571 with the above information in hand.

Administration Office Staff Only:

Form/amount of payment: _____ Date of payment: _____

Title(s) Purchased: _____

Purchase Order number: _____

This form is only to be used when someone on their own behalf or on the behalf of an organization directly contacts you or someone on your staff about donating money for a specific item, program, etc.