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GIFT/MEMORIAL BOOK DONATION REQUEST FORM

DONOR INFORMATION:

NAME: _____

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PHONE: _____

DONATION IS MADE IN MEMORY or IN HONOR (please circle one) OF WHOM: _____

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DONATION AMOUNT: _____ PAID TODAY () TO BE BILLED ()

TO WHOM WOULD YOU LIKE A LETTER SENT INFORMING THEM OF YOUR GIFT:

NAME: _____

ADDRESS: _____

PREFERENCE, IF ANY, FOR MATERIAL SELECTED: _____

For Office Use Only:

	Date	Initials
Initiated	()	()
1st Acknowledg	()	()
Item Requested	()	()
Item Ordered	()	()
Item Received	()	()
Item Available	()	()
2nd Acknowledg	()	()

NOTES: _____

TITLES SELECTED: _____