



# BERKSHIRE ATHENAEUM

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## GIFT/MEMORIAL BOOK DONATION REQUEST FORM

### DONOR INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

PRESENTED BY: \_\_\_\_\_

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: \_\_\_\_\_

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### For Office Use Only:

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

NOTES: \_\_\_\_\_

TITLES SELECTED: \_\_\_\_\_