

Date: _____



Southeast Steuben County Library Memorial Book Form

Please print all information

Gift In Memory Of: _____

Person to be notified: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Book - \$30.00 minimum

Bestseller Books fund – gifts less than \$30.00

DVD - \$30.00 minimum

Children's Books fund – gifts less than \$30.00

Audio Book on CD - \$40.00 minimum

Large Print Book - \$40.00 minimum

Music CD - \$25.00

CONTRIBUTION AMOUNT _____ (Circle preference from above)

SUGGESTED TITLE OR TOPIC _____

PLEASE SEE OTHER SIDE

PAYMENT:

Check to Southeast Steuben County Library

Cash

Master Card Visa Credit Card No. _____

Pin _____ (3 digit number on back of card)

Credit Card Expiration Date: _____

MATCHING GIFT: (If Applicable)

If you are employed at a company which matches gifts to libraries, please attach the appropriate Matching Gift Form to further enhance the impact of your memorial gift.

MATCHING GIFT FORM ATTACHED

FOR OFFICE USE ONLY

Date form received: _____

Acknowledgement: Family Donor(s)

Items Acquired/Date Received: _____

Bookplate

**Completed forms may be dropped off at the library
or mailed to:**

Southeast Steuben County Library
Attn: Memorials and Honors Department
300 Nasser Civic Center Plaza
Suite 101
Corning, NY 14830