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