

Manor Public Library

Honorary and Memorial Donation Request

44 Main Street, Manor PA 15665 : Tel: 724-864-6850 : manorpublic.library@comcast.net

In Memory Of: _____

In Honor Of: _____

Donor Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Donation Amount \$_____ *Please note the library requires a minimum \$20 contribution

Person or Family to send acknowledgement: _____

Address: _____

*Please select from the following general categories.

<ul style="list-style-type: none">○ Adult Fiction○ Adult Non-Fiction○ Children's/Young Adult	While we try to honor specific requests, we must purchase items that are needed to further enhance the library's collection. Special Request: _____
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*Please send check along with a copy of this form to
Manor Public Library
44 Main Street, Manor PA 15665*

Library use only

Title 1: _____ 2: _____

Author 1: _____ 2: _____

Received: _____ Completed _____ Check # _____ Cards sent _____