

## Memorial/Honorarium Request Form

Date\_\_\_

## \*Memorial Plate

Memorial Other	
Vame on memorial plate:	
Donor: (Complete Address and Zip Code Required)	Honoree/Honoree's Family: (Complete Address and Zip Code Required)
Phone Number Donor Thank You  Additional	Phone Number  Donation Notification  Information
Summer Reading Prog Other  Ex: Children's Programs Please consider the follo	Children Books Audiobook Children Book - \$15 & Up Audiobook - \$45 & Up A

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