



Rockville
Public
Library

Enrich. Enlighten. Inform.

Memorial and Honor Donation Form

Donation information:

I would like to donate (circle one): \$25 \$50 \$100 \$250 other \$ _____

My donation is **in memory of / in honor of:** _____

Donor information:

Name: _____

Address: _____

Phone Number: _____

Send acknowledgement to:

Name: _____

Address: _____

I would like my donation to be used for (circle one):

Adult Item Teen Item Children's Item Other _____

Format (circle one):

Book DVD Large Print Book Book on CD Other _____

Suggest item topic:

Book plate to read (max. 4 lines):

Signature / date: _____

Make checks payable to **Town of Vernon.**

Mailing address:

Rockville Public Library
52 Union St, Vernon, CT 06066