

Tribute Form
Bacon Memorial District Library
45 Vinewood, Wyandotte MI 48192

Date: _____

This gift of \$_____ is given () in memory of () in honor of:

(Please indicate exact spelling for bookplate)

Name of Donor: _____

Address of Donor: _____

Contact phone or email if questions arise: _____

Please make checks payable to Bacon Memorial District Library.

Type of Material Requested: _____

(Attach separate sheet if necessary. Please fill out title(s) or subject area desired. Substitutions may be made when requested materials are not available)

Format of Material Requested: () Book(s) () Movie(s) () Audiobook(s)

() Magazine Subscription () Program () Other _____

Please send notification of my/our gift to:

Mr/Mrs.Ms _____

Relationship to the deceased _____

Address _____