## Will Rogers Library DONATION / MEMORIAL BOOK REQUEST

DATE	Request Placed: _	In Person _	By Phone	By Mail
Donor Information:				
Name				
Address				
City/State		Zip Code		<del></del>
Telephone	Email			
May we share this information (name, add	dress, phone, email) with t	the Family/Individu	ual if requested?	YesNo
Memorial For: (Please check spelling!)				
Family Member of Deceased to be Not	tified, if any (*You must	provide complet	e information for	notification):
Name				<del></del>
Address				
	Zip Code			
Telephone	Email			
Donation Amount:*  *If paying by check, please make check ou Will Rogers Library, 1515 North Florence A	-		0	
core areas of the collection. the library was made in the in	A letter of acknowledge			_
Contributions of \$40 or more sent to the family, and a boo be placed in the front of the	k plate noting the name	of the remembe	red/honored perso	on and the donor may
Fiction Nonfiction	Young Adult Chil	dren Audio	Movies No Pro	eference
*Please note: We cannot accept pre-p or author. Choosing a general area hel library collection. Just as all memorial of subject to de-selection. While every eff be no expectation that any item is to b	ps us to select items that w donations are subject to th ort will be made to retain	vill be both a remen e guidelines of the these items within	mbrance of the indiv Collection Developm the current guideline	idual and of value to the nent Policy, they are also
MEMORIAL BOOKS WILL BE SELECTED	AND PROCESSED AS SO	ON AS POSSIBLE	, USUALLY WITHIN	I 2-4 WEEKS.

**STAFF MEMBER SIGNATURE** 

**DONOR SIGNATURE**