

## Memorial and Honor Gift Form

### Donor Information

Today's Date: \_\_\_\_\_

Donor's Name(s) \_\_\_\_\_  
\_\_\_\_\_

Donor's Address: \_\_\_\_\_  
\_\_\_\_\_

(Additional room for donors on back of form)

### Leaf Inscription

Line 1: \_\_\_\_\_ (22 characters)

Line 2: \_\_\_\_\_ (28 characters)

Line 3: \_\_\_\_\_ (22 characters)

Please make checks payable to:

**Norwin Public Library**

### Gift Recognition

Please send recognition of my gift to:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*Thank you for supporting our Library!*

For Internal Use