

Office use only:

Date:

 Payment Rec’d

 Notice card

 Book plate

 Item Rec’d

 Letters sent

Title:

Rostraver Public Library

Smithton Public Library

Memorial Donation

Please complete the following information. A suggested donation is $35/adult book or $25/children’s book.

# IN MEMORY/HONOR/CELEBRATION OF:

 (Circle one) First Name Last Name AMOUNT: $ SUGGESTED TITLE &/OR SUBJECT:

# GIVEN BY:

Name: Address: City, State, Zip: Phone: Email:

# NOTIFY:

Name: Address: City, State, Zip: Phone: Email:

* Please complete the following as you wish it to appear on the memorial plate:

**In Memory/Honor of**

**By**

Rostraver Public Library 700 Plaza Drive Rostraver Township, PA 15012 724-379-5511

Smithton Public Library 615 Center Street Smithton, PA 15479 724-872-0701

 rostraver@wlnonline.org and smithton@wlnonline.org