A logo with blue and white text

Description automatically generated

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](mailto:rostraver@wlnonline.org) and [smithton@wlnonline.org](mailto:smithton@wlnonline.org)