

*A fitting way to honor or remember someone you love....*

# Marianna Community Public Library

## Memorial/Tribute Book Form

Please print & mail completed form with your donation to:  
**Marianna Community Public Library, P. O. Box 457, Marianna, PA 15345**  
Or contact us: 724-267-3888 or mclib@roadlynx.net

Date\_\_\_\_\_

Donor name\_\_\_\_\_

Donor Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone\_\_\_\_\_E-mail\_\_\_\_\_

### MEMORIALS & TRIBUTES

Name of Person Remembered (Memorial):\_\_\_\_\_

Name of Person Honored & Occasion, such as New Baby, Birthday, Wedding, Anniversary, etc. (Tribute):\_\_\_\_\_

Name of Donor(s) as you would like it to appear on the Bookplate:\_\_\_\_\_

Suggested Subject(s) for the book\_\_\_\_\_

*Please send notification of the gift to:*

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_