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___________________________________

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### 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__________________________