



NICHOLAS P. SIMS LIBRARY
MEMORIAL FORM

Please Print

Date: _____

Staff Initial: _____

Name on Memorial: _____

Where to send card: (Complete Address and Zip Code Required)

From: (Complete Address and Zip Code Required)

MEMORIAL GIFTS

(Memorial cards will be sent for donations of \$10 or more)

Adult Book (Library's Choice) \$ _____
(\$25.00-\$34.00)

Children's Book (Library's Choice) \$ _____
(\$18.50-\$20.00)

Adult Book - Specific Request \$ _____
(\$35.00 and Up)

Children's Book - Specific Request \$ _____
(\$21.00 and Up)

Subject: _____

Subject: _____

Restoration Fund \$ _____

Elevator Fund \$ _____

Misc. \$ _____

Cash/Check # _____

_____ If you would like the recipient to be contacted in the event that the item(s) is removed from our collection please check here and every effort will be made to get in contact before the item(s) is removed.

PAYMENT MUST ACCOMPANY THIS FORM