

New Castle Public Library
Memorial Book Request

In Memory Of: _____

In Honor Of: _____

Given by: _____

Name of Donor: _____

Address: _____

_____ Phone: _____

Donation Amount \$_____ (Please note the library requires a *minimum* \$20.00 contribution - make checks payable to: *New Castle Public Library*).

Person or Family to be notified: _____

Address: _____

*Please select from the following general categories. While we try to honor specific requests, we must purchase items that are needed to further enhance the library's collection and in keeping with our collection development policy. Thank you. Mail completed form to: *New Castle Public Library, 207 E. North St. New Castle, PA 16101 - Attn: Memorials (Sharon) 724-658-6659 x111*

Adult Fiction

Adult Non-Fiction

Children's/Young Adult

Library use only

Title 1: _____ 2: _____

Author 1: _____ 2: _____

Date: _____ Cards sent: _____

Cataloging: _____ Circulation: _____