

New Castle Public Library Memorial and Honor Book Request

In Memory/Honor Of: _____
Circle One

Recognition Name (on book plate): _____

Donor Name: _____

Donor Address: _____

_____ Donor phone: _____

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

Person or Family to be notified: _____

Address: _____

Please indicate your preferred book selection from the following general categories.

Adult Fiction

Adult Non-Fiction

Children's/Young Adult

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. While a \$20 donation is required remaining funds after the book selection will be utilized to further the mission of the New Castle Public Library. If you are interested in learning what book was selected, please call Carissa Neary at 724-658-6659 x115. Note selections can take up to a month.

Mail the completed form to:
New Castle Public Library
Attn: Memorials
207 E. North Street
New Castle, PA 16101

Library use only

Date Received: _____ Cards sent: _____

Title: _____ Title: _____

Author: _____ Author: _____

Invoice to Business Office: _____

Cataloguing: _____ Circulation: _____