

New Castle Public Library Memorial and Honor Book Request

In Memory/Honor Of: _____
Circle One

Donor Recognition Name (on book plate): _____

Donor Name: _____

Donor Address: _____

Donor phone: _____

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

Person/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 further enhance the library's collection and meet our collection development policy. While a \$20 donation is required, any remaining funds after the book purchase will be utilized to further the mission of the New Castle Public Library. Please note the following:

- An address must be provided so that the person/family can be notified of the request.
- Selections can take up to a month. Call our Development Manager at 724-658-6659 x104 to find out which book was selected.
- Requests are retained via electronic files for a period of three years.
- Book selections may eventually be weeded if the title is damaged or no longer fits the collection.

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: _____