www.apld.info

Antioch Public Library District

Memorial/Gift Book Request

Date: _____

Book is for (Print name as it should appear): _____

☐ Memorial ☐ Gift Maximum Amount to Spend: $_____

Donor's Name: _____

Donor's Address: _____

_____ Phone: _____

We do not accept donated books for this program. The Library reserves the right to select the book. All books for the memorial or gift book program are brand new, unused titles.

Book Subject* (If Requested)

1. _____
2. _____
3. _____

*Note: Specific subject requests may delay processing of books, depending on availability.

Special wording for bookplate/gift card (optional): _____

_____

Acknowledgement card to be sent to: _____

Address: _____

---------- **FOR OFFICE USE ONLY** ----------

Acknowledgement card sent: _____ **Payment received: _____**
Book ordered: _____ **Thank you sent: _____**
Bill sent: _____ **Title notification sent: _____**

Other Instructions: _____

_____

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