

Champaign County Library Memorial or Donation Record

Donation: _____ Memorial: _____ Date Received: _____

Exact text for Bookplate:

Desired Title/Subject: _____

Desired Owning Location: Main or North Lewisburg

Amount Received: _____

Wish to be contacted further? Y or N

Received from: _____

Phone: _____

Address: _____

Send Acknowledgment to:

Name _____

Address _____

Additional Acknowledgments to:

Titles Ordered:

Staff Initials Checklist:

____ Fill out above form ____ Money Received Letter ____ Titles Ordered ____ Final Acknowledgement w/ Title(s)
____ Completed