

Rostraver Public Library

Memorial Donation

Please complete the following information:

IN MEMORY/HONOR OF: _____
(Circle one) First Name Last Name

GIVEN BY:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

NOTIFY:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

AMOUNT: \$_____ DATE: _____

SUGGESTED TITLE &/OR SUBJECT: _____

◆ Please complete the following as you wish it to appear on the memorial plate:

<p>In Memory/Honor of</p> <p>By</p>
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