

Commemorative Book Donation Form



Please complete and email this form to refjel@cwmars.org or mail to:

Jacob Edwards Library, 236 Main Street, Southbridge, MA 01550

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Payment

Commemorative Books Donations are \$50. Please indicate your payment method below.

My check payable to Jacob Edwards Library is enclosed.

Details

I/We would like this gift to be used for the purchase of books in the following subject area(s):

Gifts may be made in honor or in memory of a person, to celebrate a family event or to mark any special occasion. A nameplate will be placed inside the cover of the selected book.

This gift is in memory of: _____

This gift is in honor of: _____ on the occasion of _____

Please notify: _____ Address: _____

City: _____ State: _____ Zip Code: _____