



Pasquotank County Library

Your source for Information, Education and Entertainment

Kim Perry
County Librarian

Julian Sawyer
Branch Manager

Memorial Book, Honor Book, or Donation Form

Today's Date _____ In Memory/Honor/Donation of : _____

Card to:

Name(s): _____

Address: _____ City : _____ State: _____ Zip: _____

Donor:

Name(s): _____

Address: _____ City : _____ State: _____ Zip: _____

Phone: _____

Cost of book donation (Minimum \$25.00): _____

If you prefer a particular subject for your book donation, please provide: _____

Cash Donation: _____ Paid Today : Yes No

I _____, give my permission to publicize my name and the name of the person memorialized. (No amount will be published.)

I _____, do not give my permission to publicize my name and the name of the person memorialized.

FOR OFFICE USE ONLY

Memorial/Honor/Donation Number: _____ Date: _____

Check Number: _____ Date Received: _____ Date Deposited: _____

Date Postcard sent: _____ Date Acknowledgement Card Sent _____

Date Letter Sent: _____ Date Billed: _____