
(Library Use Only)

Date _____

___ In memory of: _____

Hobbies, interests and likes:

___ In honor of: _____

___ Gift

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Notify: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount of Gift: _____

Send completed form and check to:

**Community Library of the Shenango Valley
11 N. Sharpsville Ave.
Sharon, PA 16146.**

Library Use Only:

_____ Thank you card

_____ Notify Family

Titles ordered: _____
