

## Memorial Gift to Memorial Hall Library

In memory of: \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Your tel. no. \_\_\_\_\_ email address \_\_\_\_\_

Amt. enclosed: \_\_\_\_\_

Interest area for  
book selection: \_\_\_\_\_

Person to notify  
about the  
donation: \_\_\_\_\_

Their address: \_\_\_\_\_  
\_\_\_\_\_

What do you want the Memorial Plaque to say? (15 words or less)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any special instructions?

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Return to Beth Mazin, Memorial Hall Library, 2 North Main Street, Andover, MA 01810  
VOICE: 978-623-8401 Ext. 41 FAX: 978-623-8407 Please make check payable to  
*Memorial Hall Library.*