

Rev. 6-2006

MEMORIALS AND GIFTS

Public Library of Steubenville and Jefferson County

NAME OF DECEASED: _____

NAME OF DONOR: _____

Address: _____

Phone: () _____

AMOUNT OF DONATION \$ _____

SPECIFIC REQUESTS for Memorial: _____

The Library will select materials, or will evaluate selected materials, based on the Collection Development Policy of the library system, for appropriateness for the library collections.

BOOK PLATE SHOULD READ: Donated by / In Memory of

LETTER OF RECOGNITION SHOULD BE SENT TO:
