



Madison Heights Public Library

240 W. Thirteen Mile Road, Madison Heights, MI 48071

Gifts & Memorial Donation Form

Honorary Book/Gift Purchase

The person(s) being honored is (are) Name _____ deceased living

Donor(s) Name _____

Street _____

City _____ State _____ Zip _____

Date of Gift _____

Amount of Gift \$ _____

The donor may suggest the format for the book, or the subjects that would be appropriate.

Please check: Print Book Book on CD eBook DVD Music CD Large Print Book

Check Genre *for Fiction if desired* Mystery Romance Fantasy or Sci/Fi Best Seller

Suggested Subject area *for Non-Fiction* _____


Please circle: Adult material Youth material

In addition to donor, please send acknowledgement of gift to:

Name _____ Street _____ City _____ Zip _____

Name _____ Street _____ City _____ Zip _____

Please mail check or money order along with this form to: Madison Heights Public Library, 240 W. Thirteen Mile Rd., Madison Heights, MI 48071



**MADISON HEIGHTS
PUBLIC LIBRARY**

This space permits 4 typed lines.
Each line is limited to 40 characters.

The donor may suggest wording for the gift plate
that will be placed in the front of the item.

MEMORIAL

For library use only: Material Selected: _____