

# Monetary Gift/Memorial Form



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I wish to donate \$ \_\_\_\_\_.**

*Please make check payable to the Lafayette Public Library.*

My donation will be made:  in honor of \_\_\_\_\_

in memory of \_\_\_\_\_

to improve our library collections.

Please send notification of donation to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

## Materials for Purchase

**Please select material for the following age level:**

Adult       Young Adult       Child

**Please select one of the following types of books or materials for purchase:**

Book       Audiobook       DVD

**For Fiction:** Which type of fiction do you recommend?

\_\_\_\_\_

**For Nonfiction:** Which subject area do you recommend?

\_\_\_\_\_

**I would like my selection(s) to be placed in the following library location:**

Main Library       Chenier Center       South Regional      Milton

East Regional      North Regional       Scott      Duson