

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 Butler Memorial Chenier Center Duson Milton
 North Regional South Regional East Regional West Regional Bookmobile

KG 3/19