

# Lubbock Public Library Commemorative Gift Form

PLEASE PRINT ALL INFORMATION

## Donor Information

1. Name: \_\_\_\_\_
2. Organization: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Phone: (     ) \_\_\_\_\_
6. Names of other donors: \_\_\_\_\_

## Dedication Information (choose appropriate box)

### Dedicated in memory of...

1. Name: \_\_\_\_\_  
\_\_\_\_\_
2. Dedicated by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If more than three names, use group name.)*

### Dedicated in honor of...

1. Name: \_\_\_\_\_  
\_\_\_\_\_
2. Occasion: \_\_\_\_\_  
\_\_\_\_\_
3. Dedicated by: \_\_\_\_\_  
\_\_\_\_\_

*(If more than three names, use group name.)*

## Gift Announcement Recipient(s)

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Material to Be Dedicated

1. Type of material: \_\_\_\_\_
2. Subject(s) of interest: \_\_\_\_\_

## FOR STAFF ONLY

Date: \_\_\_\_\_ Dedication Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Initials: \_\_\_\_\_

*Return form to Lubbock Public Library information desk or mail to: Commemorative Gift Program, Lubbock Public Library, 1306 9th Street, Lubbock, TX 79401. Make checks payable to Lubbock Public Library.*