



# North Baltimore Public Library Memorial / Honor Book

Date: \_\_\_\_\_

Date Card Sent: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date Paid For: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

In Memory or Honor of: \_\_\_\_\_  
(please circle one)

From: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Amount you wish to donate: \$ \_\_\_\_\_

Subject preference or library staff choice \_\_\_\_\_  
\_\_\_\_\_

Author / Title of Book: \_\_\_\_\_  
\_\_\_\_\_

Call Number: \_\_\_\_\_

List Price: \$ \_\_\_\_\_

Memorial Card Sent To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bill (include phone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Memorial Book Policy Accepted

\_\_\_\_\_  
please sign