

TRIBUTE BOOK PROGRAM

Your contribution will support Hershey Public Library while paying special tribute to your friend or loved one.

AMOUNT: _____

CASH – OR – CHECK (circle one)

DATE: _____

Please make checks payable to Derry Township

YOUR NAME: _____

YOUR ADDRESS: _____

YOUR PHONE NUMBER: _____

___ In Honor of _____

___ In Memory of _____

PLEASE SELECT THE PREFERENCES FOR YOUR TRIBUTE BOOK (optional):

Select one:

___ Adult

___ Young Adult

___ Children's

Select one:

___ Regular Print

___ Large Print

___ Audio

Select one:

___ Fiction

___ Non-Fiction

A notification of your gift will be sent to: *(optional)*

To honor this gift in a timely manner library staff will select materials which align with ongoing collection development while satisfying the criteria selected above.



Mail completed form to:

Hershey Public Library
701 Cocoa Avenue
Hershey, PA 17033

For staff use only

Title selected:

Author:

Acknowledgement date: