
Date _____

_____ **In Memory of** _____

_____ **In Honor of** _____

Donor Name _____

Address _____

City _____ State _____ Zip _____

Notify: _____

Address _____

City _____ State _____ Zip _____

Hobbies, Interests, Likes or Suggested Topics _____

I would like my donation to be used in the following manner _____ Books

_____ Library's Greatest Need

Amount of Gift _____

Please send form to **The Community Library of the Shenango Valley**
11 N. Sharpsville Ave.
Sharon, PA 16146

Library use only:

Staff member taking information _____

Thank you card _____ Notify family _____

Titles ordered _____
