

# Honor and Memorial Gifts

In honor of: ( ) \_\_\_\_\_

In memory of: ( ) \_\_\_\_\_

Please make a selection of books or books, recordings, or other needed materials reflecting an interest in the subject:

\_\_\_\_\_

I have enclosed a contribution in the amount of: \$ \_\_\_\_\_

Please send acknowledgment of this contribution to:

Name: \_\_\_\_\_

City: \_\_\_\_\_

Street: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Donation by: \_\_\_\_\_

City: \_\_\_\_\_

Street: \_\_\_\_\_

Zipcode: \_\_\_\_\_

Donor daytime phone number if clarification is necessary: \_\_\_\_\_

Complete the form and mail it and your check to:

**Piscataway Public Library**

**500 Hoes Lane**

**Piscataway, NJ 08854**

**Att: Robin Ellmyer**