

Livonia Public Library

Memorials and Commemoratives

Please Print or Type:

Please check one : _____ in memory of _____ in honor of

Name of Person(s) as you wish it to appear on book plate

Occasion as you wish it to appear on book plate

Send acknowledgement to:

Name _____

Address _____

City/State/Zip _____

Donor information:

Name _____

Address _____

City/State/Zip _____

Donor's Phone Number _____

Check enclosed in the amount of \$_____

(Please make checks payable to **Livonia Public Library**.)

All contributions are tax deductible.)

Please indicate any special instructions on the right side of this form.

Do you want a specific title or subject? If yes, please give the title and author or the subject of interest:

Do you want a specific type of material? Please check below:

- | | |
|--------------------------|------------------------------|
| _____ book(s) | _____ video |
| _____ children's book(s) | _____ computer software |
| _____ audio recording | _____ any |
| _____ audio book | _____ other (please specify) |

Thank you. You may drop off this form at any Livonia Library, or mail it to:

Livonia Public Library

City Librarian

32777 Five Mile Road

Livonia MI 48154

Questions? Please call the City Librarian's office at **(734)466-2451**