



**Mt. Angel
Public Library**

290 E Charles St.

www.mtangelpubliclibrary.com

(503)845-6401

MEMORIAL / CELEBRATION REQUEST

PERSON HONORED: _____ **DATE** _____
IN MEMORY OR IN CELEBRATION (CIRCLE ONE)

DONATED BY: _____
ADDRESS _____
CITY STATE ZIP _____
PHONE or EMAIL _____

PERSON TO NOTIFY: _____
ADDRESS _____
CITY STATE ZIP _____
PHONE or EMAIL _____

AREAS OF INTEREST _____

Items will be purchased at the discretion of the Library Director to reflect library needs.
Minimum donation \$25.00

AMOUNT RECEIVED \$ _____ STAFF INITIALS _____

Please return this completed form with a check made out to "Friends of the Library" to the Library.
Or mail to:

Friends of the Mt. Angel Library
ATTN: Memorial/Celebration Book
P.O. Box 870
Mt. Angel, OR 97362

Monetary donations to the Library in honor or memory of someone are also accepted.
Any gift over \$3000.00 made to the Library or the Library Endowment Fund
will be acknowledged on the Donor Wall in the vestibule of the Library.