

Memorial Book Request Form
Butler Senior High School Library

Book Processed _____
Acknow. Sent _____
On mem. List _____
On Acq. List _____
FOR OFFICE USE ONLY

TOTAL MONEY DONATED _____

DATE _____

MAKE CHECK PAYABLE TO: Butler Senior High Library (check must accompany request)

TYPE OF BOOK:

(subject of interest)

DONATED BY: (Person, persons, club, as to appear on memorial book plate)

NAME & ADDRESS OF PERSON DONATING BOOK OR PERSON REPRESENTING GROUP
DONATING BOOK : (This person will receive a copy of the acknowledgment)

IN MEMORY OF: _____

NAME & ADDRESS OF FAMILY MEMBER OR MEMBERS (OF DECEASED) TO RECEIVE
ACKNOWLEDGMENT:

_____ RELATIONSHIP: _____

PLEASE FILL OUT COMPLETELY AND RETURN WITH CHECK TO:

Butler Area Senior High School Library
120 Campus Lane
Butler, PA 16001