



Huron Public Library
333 Williams St.
Huron, Ohio 44839
(419)433-5009

Huron Public Library Memorial Form

In memory of: _____

Family's Name **(REQUIRED)**: _____

Family's Address **(REQUIRED)**: _____

Donor's Name: _____

Donor's Address: _____

Children's (\$15*) General Fund Suggested Topics: _____

Adult (\$25*) Other _____

*Suggested prices _____



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- Date: _____ Staff Initial: _____ Donation Amount \$ _____ check # _____
- Date: _____ Staff Initial: _____ Fiscal Officer
- Date: _____ Staff Initial: _____ Youth Service Adult Other
- Date: _____ Staff Initial: _____ Letter A Sent (Donor Thanks/ Title Notice)
- Date: _____ Staff Initial: _____ Letter B Sent (Receipient Title Notice)
- Date: _____ Staff Initial: _____ Added to Memorial Database
- Date: _____ Staff Initial: _____ Newsletter _____

Books/Material Selected:

STAFF USE ONLY

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