



Date: _____

Memorial Book Request Form

(Please print the names as you wish them to appear on the bookplate)

I wish to donate an item to my library in memory of: _____

Acknowledgement note to: _____

Address: _____

City/State/Zip Code: _____

Attached is my check (made payable to Western Plains Library System) or cash.

_____ \$15 for children's book

_____ \$25 for adult book

_____ \$25 for a DVD

_____ \$25 for large print book

_____ \$50 for art or coffee table book

_____ \$25 for an audio book

Please place this item in the following library

_____ Bookmobile

_____ Cordell

_____ Thomas

_____ Cheyenne

_____ Seiling

_____ Weatherford

_____ Clinton

_____ Sentinel

Please consider an item on the genre/topic: _____

Or, _____ please purchase materials in an area of greatest need.

Donor Name(s) _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Form may be given to your librarian or mailed to:

Western Plains Library System

ATTN: Memorial Books

501 S. 28th St.

Clinton, OK 73601

Office Use Only:

Employee Signature: _____

Payment Type: _____ Amount: _____

Date received: _____ Date completed: _____

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