

# Commemorative Book Donation Form



Please complete and email this form to **refjel@cwmars.org** or mail to:

Jacob Edwards Library, 236 Main Street, Southbridge, MA 01550

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## Payment

Commemorative Books Donations are \$50. Please indicate your payment method below.

☐ My check payable to Jacob Edwards Library is enclosed.

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## Details

I/We would like this gift to be used for the purchase of books in the following subject area(s):

\_\_\_\_\_  
Gifts may be made in honor or in memory of a person, to celebrate a family event or to mark any special occasion. A nameplate will be placed inside the cover of the selected book.

This gift is in memory of: \_\_\_\_\_

This gift is in honor of: \_\_\_\_\_ on the occasion of \_\_\_\_\_

Please notify: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_