



Gift and Memorial Form

TYPE OF GIFT

___ Birthday

___ Anniversary

___ Retirement

___ Graduation

___ Memorial

Other: _____

PERSON TO BE NOTIFIED OF GIFT (Name and address)

Name _____

Address _____

DONOR

Name _____

Address _____

Phone _____

Please send completed form and check (made payable to Fairview Free Public Library) to:

Fairview Free Public Library
213 Anderson Ave.
Fairview, NJ 07022

For Library Use Only:

Book Selected _____ Title _____

Donation Acknowledgement Sent to Donor _____

Donation Acknowledgement Sent to Family _____