



Date: \_\_\_\_\_

I / we would like to contribute \$ \_\_\_\_\_ for a book to be placed in the Brookfield Public Library's collection as a:

MEMORIAL FOR: \_\_\_\_\_

**Or**

IN HONOR OF: \_\_\_\_\_

On the occasion of a  Birthday  Anniversary  Graduation  Other \_\_\_\_\_

The subject matter or title preferred is: \_\_\_\_\_

The Library will notify the person designated below that the item(s) purchased with your donation has been added to the Library's collection **in memory of** or **honoring** the person or family noted above.

In the space provided, please indicate the relationship between the honoree and the person to be notified of the donation.

Relationship \_\_\_\_\_

Name of person(s) to be notified: \_\_\_\_\_

Address of person(s) to be notified: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City/State/Zip

**Name of Donor:** \_\_\_\_\_

**Address of Donor:** \_\_\_\_\_

Street/City/State and Zip

Please make checks payable to: Brookfield Public Library.  
Please return this form to the Circulation Department.

Brookfield Public Library 

3609 Grand Boulevard, Brookfield, Illinois 60513 708/485-6917