



Comstock
Township
Library

Where community meets the world.

Commemorative Donation Request

I wish to present a gift of \$ _____

In order to help us select something meaningful, please list some interests of the honoree:

Please circle one: In honor of In memory of

Name to appear on the bookplate _____

Donor information:

Donor's Name _____

Address _____

Phone _____ Email _____

Send gift notification to (if different than donor):

Name _____

Address _____

Relation to the honoree/deceased _____

Please make checks payable to Comstock Township Library. You may drop off or mail this form and donation to:

Comstock Township Library
6130 King Highway
P.O. Box 25
Comstock, MI 49041



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-----*Information below for Library Use*-----

Please initial and date when complete.

Donation received _____

Form given to librarian for item selection _____

Librarian has received and bookplated item(s) _____

Please list title(s) _____

Director has sent thank you letter to donor and/or recipient _____