



Lenox Library Association

Memorial/Honor Form

 My gift is made: in memory ____ in honor ____ other ____

Name: _____

 Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

 Send Acknowledgment to:


Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to honoree: _____

 Special Instructions: _____

 Form of Payment: amount of donation: \$ _____

____ Cash ____ Check ____ check number _____ Bank

Visa/MasterCard *only* _____ - _____ - _____ - _____ Credit Card #
exp. date _____

NAME AS IT APPEARS ON CARD

SIGNATURE