



# LENOX LIBRARY ASSOCIATION

Development Office  
18 Main Street  
Lenox, MA 01240-2310

## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT BY

\_\_\_\_ Check, in the amount of \$ \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_ Charge \$ \_\_\_\_\_ to my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Please make checks payable to: The Lenox Library Association  
All contributions are tax deductible.

*Thank you for your generosity support.*