



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.