



**Baldwin Borough
Public Library**

Your destination for discovery,
enrichment and life-long learning.

Memorial Book Form

Donor Information

Name _____

Address _____

Phone _____

Email _____

Donation Amount: \$ _____

Make checks payable to **Baldwin Borough Public Library**, and mail to the address below.

Honoree Information

Choose one: In Honor of In Memory of

Name _____

(As you would like it to appear on the bookplate)

Who should we notify?

Name _____

Relationship to Honoree _____

(friend, sister, father, etc.)

Address _____

Phone _____

Email (optional) _____

Special Instructions: _____

Date _____ Signature _____