



## TRIBUTE GIFT

Date: \_\_\_\_\_

In Honor of: \_\_\_\_\_

In Memory of: \_\_\_\_\_

### PLEASE CHECK THE FOLLOWING:

Amount: \$ \_\_\_\_\_  Check  Cash

### TO BE USED FOR:

General  Book

Other (Please Specify): \_\_\_\_\_

### DONOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### PLEASE NOTIFY THE FOLLOWING PERSON(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Return Completed Form To:  
**Seneca Falls Library**  
**47 Cayuga Street**  
**Seneca Falls, NY 13148**

Please Return Completed Form To:

Seneca Falls Library  
47 Cayuga Street  
Seneca Falls, NY 13148

### For Office Use Only:

Notifications Sent: \_\_\_\_\_ Donor Thank You: \_\_\_\_\_ Entered: \_\_\_\_\_