MEMORIAL/HONOR WORKSHEET

					Date: _	
Donor (First 8	Last Name):					
Address:						
City:		State:	Zip:			
Circle One:	Memorial	Honor	Birthday			
This gift is hon	oring:					
Choose one, o	or any combination of	f the following:				
\$10 for pap	perback					
\$20 for har	dcover fiction					
\$30 for har	dcover non-fiction					
\$40 for Lar	ge Print					
other amou	unt					
•	h, please choose a s	•	understand that this	may del	lay placemen	t of the book in the
Please send in	formation for publica	ation in the Glenwoo	d Opinion-Tribune.	Yes	No	
Send card to: _						_
Address:						_
This form mee	ets the requiremen	ts of an IRS charita	able donation recei	ot. *		_

Office Use Only:

Book plate information:	Amount Paid:
HONOREE:	Receipt #
By:	Cash/Check #
	Date Paid:
Acknowledgment Cont. Vec. or No. Date:	

Acknowledgment Sent: Yes or No Date:

