



BOOKPLATE FORM



PLEASE PRINT CLEARLY

Date: _____

Please accept the enclosed donation to the Hillsdale Free Public Library.

Please place a bookplate:

In honor of (check appropriate box)

In memory of

Name: _____

Presented by: _____

Address: _____

(city) _____ (state) _____ (zip) _____

Please acknowledge this donation to:

Name: _____

Address: _____

(city) _____ (state) _____ (zip) _____

check one

I wish the amount to be made known to the recipient.

I wish the amount to remain undisclosed.

Please select materials on the following subject: _____

Minimum donation for bookplates is \$20.00.

Please make checks payable to the Hillsdale Free Public Library.