

**MEMORIAL BOOK FORM**  
*PHSD PUBLIC LIBRARY*  
*DESHLER LIBRARY*  
*HAMLER BRANCH AND MALINTA BRANCH*

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

In Memory of (please write as you wish it to appear on Memorial Plate)

From (please specify) of person(s) placing Memorial:

Title/Author of Memorial Book:

Amount you wish to spend: \_\_\_\_\_ Cost of Memorial Book \_\_\_\_\_

Subject of Interest for Memorial Book: \_\_\_\_\_

Memorial Cards to be sent to:

Bill to:

Office use only: Card Sent \_\_\_\_\_ Paid For \_\_\_\_\_

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