



Commemorative Donation Request

I wish to present a gift of \$_____ toward:

A book about _____

In honor of in memory of

Name to appear on the bookplate _____

Send gift notification to:

Name _____

Address _____

Relation to the honoree/deceased: _____

Donor Information:

Donor's Name _____

Address _____

Telephone _____

Please make checks payable to Clinton-Macomb Public Library. You may drop off or mail this form and donation to the CMPL location to which you wish to contribute. Address of CMPL locations are listed below:

Main Library	North Branch	South Branch
Attn.: Therese Peticca	Attn.: Gretchen Krug	Attn.: Margaret Dekovich
40900 Romeo Plank Road	16800 24 Mile Road	35679 South Gratiot Avenue
Clinton Township, MI 48038-2995	Macomb Township, MI 48042-2990	Clinton Township, MI 48035-2854

----- *Information below for Library Use* -----

Please initial and date when complete.

Money sent to Bookkeeper or paid online _____

Librarian selected and/or ordered item(s) _____

Librarian given title(s) to Head of Technical Services _____

Technical Services has received, bookplated and added honoree name to MARC record _____

List title(s) _____

Director has sent thank you letter to donor and/or recipient _____