

Donation or Memorial Form

Donors Name: _____ Phone: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip code: _____

In Memory Of: Name _____

Send Memorial Card to: Name _____

Street: _____ City: _____ State: _____ Zip Code: _____

Donation *Memorial*

Amount Enclosed: _____

Make your Tax-Deductible check payable to:
The Friends of the Chicopee Public Library

Mail to:
Friends of the Chicopee Public Library
449 Front Street
Chicopee, MA 01013