

## 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**

Official use only: ch \_\_\_\_\_ ck \_\_\_\_\_ post ss \_\_\_\_\_ card sent \_\_\_\_\_