



119 Main St. SE
Gravette, AR 72736

MEMORIAL & HONORARIUM GIFT FORM

Gift Amount \$ _____

Date: _____

Payment Type: Check (payable to City of Gravette)

Cash

Donor Name: _____

Donor Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Memorial Type (Check one):

In Memory of

In Honor of

In Celebration of _____ (i.e. birthday, anniversary)

In Appreciation of _____

Name of person(s) to be honored or memorialized:

Specify area(s) for materials to be purchased:

Children's

Young Adult

Adult

Use at Library's discretion

Other: _____

Send acknowledgment to:

Name(s): _____

Address: _____
