Evans City public library

204 S. Jackson St.
Evans City, PA 16033
724-538-8695
evanscity@bcfls.org

Memorial Donation Form

Date: _____

In memory of: _____

Send Acknowledgement to:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donor Information (you)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Payment

☐ Cash ☐ Check ☐ Card Total: _____

Please include any special requests here (subjects, suggestions, or specific titles):

_____

Thank you for your memorial gift. Acknowledgement will be sent to the person specified. You may also make a memorial contribution through the Paypal "Donate" button on our website at evanscitylibrary.org.