

Northwest Regional Library System Memorial and Tribute Donation Form



Donor Information				
Name				
Address				
Phone	e-mail			
Honoree Information	on (if applicable)			
Name of honoree	,			
Information for boo	okplate <u>(maximum 30 c</u>	characters per line	including spaces)	
In Memory Of			oration Of	
Line 1				
Line 3				
Presented By				
Line 1				
Line 2				
) to be notified of don			
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Donation Informati Please indicate the	on preferred format, audier	nce, category, and to	opic.	
Format:	Audience:	- ,	ry: Fiction	NonFiction
DVD		_	(gardening, history, my	
Book	Adult			
Large Print book				
Audiobook				
Please specify Libi	ary to receive gift:	Panama	a City (main branch)	PC Beach
Parker	Port St. Joe			Hosford
	best to spend your don If you have a specific t			amount and availability Administration Office
Payment information The Library accepts Library System.	on cash or checks for don	ations. Checks may	be made payable to th	e Northwest Regional
Forms may be delive Bay County Public L Library Administratio PO Box 59625 Panama City FL 3	on Office	rary location or mai	I with payment to:	

The person(s) to be notified will receive a card including the title(s) of materials chosen. The donor(s) will receive an acknowledgement of the donation, including title(s) chosen.