



MILAN-BERLIN LIBRARY  
DISTRICT

Date: \_\_\_\_\_

Memorial Fund Donation: \_\_\_\_\_

Send acknowledgment to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Amount:

Check Number:

Memorial Given By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank You Date \_\_\_\_\_

Acknowledgment Date \_\_\_\_\_