

MEMORIALS

Date: _____ Amount \$ _____ Bill/Paid _____

Please enter names as they should appear in the memorial bookplate

IN MEMORY OF: _____

FROM: _____

Please send sympathy card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Choose one: Adult Book \$25 Minimum
 Children's Book—\$15 minimum
 General Fund—Any amount

Place Memorial Book at: Adams Memorial Library
 Caldwell Memorial Library (Derry)
 Bookmobile

Please send completed memorial to:
Adams Memorial Library
1112 Ligonier St
Latrobe, PA 15601

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