

MEMORIAL AND HONOR BOOK FORM  
SUGGESTED DONATION: \$15 OR MORE

Title of Book: \_\_\_\_\_

Author of Book: \_\_\_\_\_

(Please leave blank if you do not have a specific book you want to dedicate.)

Donated by: Name \_\_\_\_\_  
(please print name as it should be worded on bookplate)

Address \_\_\_\_\_

\_\_\_\_\_ In Memory Of

\_\_\_\_\_ In Honor Of

\_\_\_\_\_ Birthday

\_\_\_\_\_ Other Event (Retirement, Graduation, Etc.)

Name of Person Honored: \_\_\_\_\_

Library: \_\_\_\_\_ Arcola Elementary School Library

\_\_\_\_\_ Arcola Junior/Senior High School Library

Please list below the name(s) and address(es) of those who should be notified of the donation:

(Form and payment should be mailed to: Arcola CUSD #306, Attn: Jr/Sr HS Library, 351 W. Washington St, Arcola, IL 61910)