

HONOR BOUND

...The Commemorative Book Program of the Woodridge Public Library

Donation _____ \$25 (Adult/YA) _____ \$15 (Children's)
_____ Other Amount (Indicate Adult or Children's)

This is for a _____ book _____ Other format (Indicate) _____

This book/item is donated:

_____ in honor of

_____ in memory of

_____ other (please indicate) _____

(Name and wording as you want it to appear on the bookplate)

Add to _____ Adult/YA Collection _____ Children's Department

Indicate area of interest if known _____

Donor Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Send Notification Letter to _____

Address _____

City _____ Zip _____

Relationship to person named on bookplate _____

Make check payable and mail to Woodridge Public Library, 3 Plaza Drive, Woodridge, IL 60517