



Penn Area Library Book Giving Program

Remember or honor a family member or friend with a donation to our Book Giving Program. This tribute will be shared with many others through a book purchased for the library's collection. Your gift can also reflect the interests of your loved one.

You may select an area of interest and we will purchase a book in the designated category. Or, you may specify that the library purchase a book in our area of greatest need. The price of a book varies greatly, but the average hardcover book now costs in excess of \$25. Of course, whatever amount you choose to contribute, your donation is tax deductible.

A special bookplate will be placed in the item selected and will be inscribed with both the name of the person you are memorializing/honoring and your name – a uniquely personal tribute.

Enclosed please find a check for \$ _____, made payable to the Penn Area Library Association

_____ *In Memory Of:* _____ *In Honor Of:*

Name of donor(s) as you wish it to appear on bookplate:

(Name of person as you wish it to appear on bookplate)

Areas of interest (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Library's choice | <input type="checkbox"/> Crafts | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Fiction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Art | <input type="checkbox"/> Gardening | <input type="checkbox"/> Science |
| <input type="checkbox"/> Biography | <input type="checkbox"/> History | <input type="checkbox"/> Science Fiction/Fantasy |
| <input type="checkbox"/> Business | <input type="checkbox"/> Large Print | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Literature/Poetry | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Medicine | <input type="checkbox"/> Young Adult |
| | <input type="checkbox"/> Music | <input type="checkbox"/> Other: _____ |

Family member / honoree to be notified of your donation:

Please provide donor's address for acknowledgement:

Name _____
Address _____

Name _____
Address _____

Phone _____

Please send your check and completed form to:

Penn Area Library Association
Attn: Book Giving Program
PO Box 499
Harrison City, PA 15636

For staff use only

Date received _____ Check No. _____ Amount _____

Notification mailed on _____ Acknowledgement mailed on _____