



Commemorative Donation Request

I wish to present a gift of \$ _____ toward:

In order to help us select something meaningful, please list some interests of the honoree:

In honor of in memory of

Name to appear on the bookplate _____

Donor Information:

Donor's Name _____

Address _____

Telephone _____ Email Address _____

Send gift notification to:

Name _____

Address _____

Relation to the honoree/deceased: _____

Please make checks payable to Clinton-Macomb Public Library. You may drop off or mail this form and donation to the CMPL location to which you wish to contribute. Address of CMPL locations are listed below:

Main Library

Attn.: Therese Peticca
40900 Romeo Plank Road
Clinton Township, MI 48038-2995

North Branch

Attn.: Gretchen Krug
54100 Broughton Road
Macomb Township, MI 48042-1831

South Branch

Attn.: Margaret Dekovich
35679 South Gratiot Avenue
Clinton Township, MI 48035-2854

----- *Information below for Library Use* -----

Please initial and date when complete.

Money sent to Bookkeeper or paid online _____

Form given to Cataloging for item selection _____

Cataloging has received, bookplated and added honoree name to MARC record _____

Cataloging returned form to Head of Communications with title(s) chosen _____

Director has sent thank you letter to donor and/or recipient _____