

GIFT  MEMORIAL  HONOR

DEDICATED TO:  
NAME \_\_\_\_\_

GIVEN BY:  
NAME(s) \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ I am sending this amount

OR

Send Bill to (if different from above) :  
NAME AND ADDRESS: \_\_\_\_\_

I would like the following subject \_\_\_\_\_ (please indicate if  
this is to be in book format,  audio book,  video,  magazine/newspaper  
subscription,  Technology, Fund,  or Other \_\_\_\_\_

Please indicate the price range

Send an acknowledgement card to the family members at the following address  
(can be more than one):

**Please mail to: Morristown-Hamblen Library, ATTENTION DONATION INFORMATION, 417 West Main Street, Morristown, TN 37814; or fax to 423-587-6226; or email to library@lcs.net.**

**All contributions to the Morristown-Hamblen Library are appreciated by the Hamblen County Library Board of Trustees, the Staff and the patrons. Thank you.**

OFFICE USE: Date received: \_\_\_\_\_ book on order: \_\_\_\_\_ Sent: Card(s) of acknowledgement: \_\_\_\_\_  
Billed \_\_\_\_\_ or receipt to donor: \_\_\_\_\_ Publicity: \_\_\_\_\_ No. in log book: Online \_\_\_\_\_