

Bay County Library System

Enclosed is a memorial gift in the amount of \$ _____

I make this gift in the memory of (name):

I would like the memorial used for:

- General library fund
 Book - give preferred subject area(s) or title

- Other (specify)

Please notify the following person(s) of the memorial:

Name _____

Address _____

City _____ State ____ Zip _____

This memorial is given by:

Name _____

Address _____

City _____ State ____ Zip _____

Mail to:

Director, Bay County Library System

500 Center Avenue

Bay City MI 48708

Telephone: (989) 894-2837