Honor and Remember Form

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Upon receipt of your donation and this completed form, we'll mail the In Honor Of or In Memory Of 5 x 7 inch card to your recipient. Or, if you'd like to mail the card to your special person, a card will be provided to you. Please indicate your preference: I'd like the Friends to mail the card to my special person. Mail the card to me, and I'll send to my special person. Your First and Last name Address _____ City State Zip Code Phone Email To let you know that your card has been sent In Honor of Information: First and last name Address City ______ State _____ Zip Code _____ In Memory of Information: First and last name Name of the person's family (where card will be sent) Address
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 Donation amount: Special instructions for us:

Make your check payable to Friends of the Stoughton Library. Mail it and this completed form to: Friends of the Stoughton Public Library 2364 Jackson St. #186 Stoughton WI 53589
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Or drop off at the library circulation desk.

Thank you for your continued support! Donations are tax exempt to the extent allowed by law.