



MEMORIAL DONATION

Date: _____

In Memory of: _____

Donation Made By: _____

*Amount of Donation: _____

Please Use the Funds For:

_____ Fire/Rescue Department Memorial Fund

_____ Thompson Home Public Library

_____ Books (minimum of \$15)

_____ Technology

_____ Summer Reading Program

_____ General Use

_____ Family's Choice _____

Who Should we Notify of Your Gift?

Name: _____

Address: _____

Relationship to Deceased _____

Where Would You Like the Thank You Sent?

Name: _____

Address: _____

**For Donations over \$100 a receipt will be sent upon your request.*