

## Acknowledgment

Print the name and address of the person or persons to receive an acknowledgment of your memorial gift.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City/State/Zip

## Book Selection

If you would like us to select a particular type of book or a certain title or subject, please indicate it in the space below.


**Amount of contribution enclosed** \_\_\_\_\_.

*Note: Contributions less than \$20.00 will be added to the library book fund.*

**Return to: Sheppard Memorial Library  
530 Evans Street  
Greenville, NC 27858**

*(continued on next page)*

## Information About the Person or Organization Making the Donation

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*Name of Person or Organization Making the Donation*

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*Street or PO Box*

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*City/State/Zip*

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*If an organization, include a name & phone number of a contact person.*

## Information for the Book Plate

Select ONE of the following inscriptions. Please print your information exactly as you wish it to appear.

**Presented By**

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**In Memory of**

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*(Or Write Your Desired Inscription in the Space Below)*

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