

LIBRARY DONATION

Please provide the requested information.

Mail completed form and payment (*checks payable to: Melrose Middle School*) to:

Victoria McLaughlin Library
Melrose Veterans Memorial Middle School
350 Lynn Fells Parkway
Melrose, MA 02176

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

I would like to donate ___ book(s). Please choose the most needed title(s) from the categories indicated below.
(If you would like to request a specific book, indicate in "Other" category.)

- ___ Sports Biography (\$25)
- ___ World Leader Biography (\$25)
- ___ Rising Star-contemporary biography (\$25)
- ___ Science (\$30) Area of interest: _____
- ___ History (\$25) Specific time or event: _____
- ___ Other: _____
- ___ Fantasy Fiction (\$15)
- ___ Classic Fiction (\$15)
- ___ Just Published Fiction (\$15)

Please indicate how you would like the book plate to be inscribed.

In honor of _____

or

A gift from _____

or

Donated by _____

or

(Your message) _____

Example:

