

Honor with Books Request Form

Date:			D alumnus/a	D faculty/staff	D parent
Your name:					
Address:					
Phone #:			email:		
Enclosed is	my gift of \$	for boo	kplate(s).		
D \$100 one	bookplate	D \$200 two bookple	ates D \$500	five bookplates	D other
mail to Day University	rid Washington, Libraries, 1900	and enclose a check pay Director of Library Ex North 13th Street, Cha or questions, please ca	cternal Affairs & Arles Library 3rd F	Advancement, Ten	
Recipient #	‡1				
		Honor w	ith Books		
Γhis Book is	D A Gift From (check one)	D A Gift in Honor of	D A Gift in Memory	of Dother	
Name:					
		(your name or name of	person being honore	d)	
Other message:					
	(e.g. – fron	n your loving daughter, Jane l	Doe, CLA'56 up	co 50 characters)	
Please send no	tification letter to	o the honoree's address b	elow. Notifica	tion letter is not nec	essary.
address					
City		State		Zip	
	-			-	-