



SHELBY AREA DISTRICT LIBRARY  
MEMORIAL DONATION FORM

I / We wish to make a donation to the  
Shelby Area District Library in the amount of \$ \_\_\_\_\_

IN MEMORY OF \_\_\_\_\_

From: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

\*\*\*Make check payable to Shelby Area District Library

Please send an acknowledgement to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

SHELBY AREA DISTRICT LIBRARY  
189 MAPLE STREET  
SHELBY, MICHIGAN 49455  
Phone: 231.861.4565 [www.shelbylibrary.org](http://www.shelbylibrary.org)