



HONOREE:

Is this a Memorial? Yes _____ No _____

Do you want your name published as a donor? Yes _____ No _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ – _____ Date _____

Family of Honoree:

Name _____

Address _____

City _____ State _____ ZIP _____

Memorial donation designated to:

- Adult Services Dept. _____
- Audio Visual Dept. _____
- Children's Dept. _____
- Southwest/Genealogy Dept. _____
- *Other—Please specify: _____

Areas of interest of Honoree:

Book(s) provided by Donor:

(Must be new and PREAPPROVED by selected department)

Submit to: Ector County Library
Attn: Edith Mancha
321 W. 5th St.
Odessa, TX 79761

Department and Office Use Only

Date		Amount		NO.	
Staff Member's Initials		CK#/CA		Acknowledgment	