



Grahamwood Elementary Library Legacy Donation Form

Donated by: _____ Date: _____

Address: _____

Phone: _____ \$ Amount: _____ Circle One: Cash - Check

Person Being Honored: _____

Honoree's Address: _____

Grahamwood Student's Name: _____

Grade: _____ Teacher: _____

Circle one: Birthday - Teacher Appreciation - Memorial -

Holiday: _____

Other: _____

Book or Author Request: _____

Please send with check in envelope addressed to Library Legacy, c/o Grahamwood School Office.

Minimum donation: \$15

