

**Memorial Book Request**

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| **In Memory Of** | **Given By**  |
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| **Name of Donor (if different)** |
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| **Donor Address** |
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| **Phone** | **Email**  |
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| **Inscription (maximum 20 words)** |
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| **Donation Amount (minimum $25)** *Cash, Credit Card or Check accepted**Make Check payable to* ***Osceola County Board of County Commissioners*** | **$** |

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| **Book Details –** *Subject Areas, Authors or Titles* |
|  |
| [ ] Fiction | [ ] NonFiction | [ ] Children’s | [ ] Teens |
| [ ] Regular Type | [ ] Large Print |

*Titles/subjects/authors selected will fit with the Library’s Collection Development Policy.*