

*Memorial
Ridgway Free Public Library*

Memorial for _____

Family Member to Send Acknowledgement:

Name _____

Address _____

Given By _____

Address _____

Phone _____

Email _____

Library Use Only

Did Patron take
Acknowledgement
Card?

Yes _____ No _____

(If yes, Library doesn't
send acknowledgement
to family)

Library Use Only

Staff Initials _____

Date _____

Amount \$ _____

Check _____ Cash _____

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