Southeastern University
Steelman Library
Memorial/Honor Book Request Form

Date _____

Bookplate (Choose One): _____***In Memory of*** _____***In Honor of***

Name _____

_____*Professor (Please list subject taught)*_____

_____*Graduate (Please list area of study)*_____

_____*Other (Please list discipline of interest)*_____

Given by (as you would like it on the book plate): _____

Do you want to choose the specific title of the book or leave that up to the librarian? _____

(If you are choosing book: Title/Author of book)_____

Cost of book (Minimum $35.00): $_____ ***Paid today:*** _____***Yes*** _____***No***

Acknowledgement should be sent to:

Family member(s) *Name*_____

*Address*_____

*City, State, Zip*_____

Donor(s) *Name*_____

*Address*_____

*City, State, Zip*_____

Phone Number _____

Library use only:

Check number: _____ *Date Received:_____*

Date Billed: _____ *Date Deposited:_____*

Book processed and completed on (date) _____

Acknowledgments of memorial sent on (date) _____