

# Salamanca Area Historical Society and Museum



## *Memorial Request form*

Date: \_\_\_\_\_

*In Memory or Honor of:*

Name: \_\_\_\_\_

*Given by:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*Please send acknowledgement to:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \_\_\_\_\_

Mail form to:

Salamanca Area Historical Society and Museum

125 Main Street, PO Box 23

Salamanca, NY 14779

Phone: 716-945-2946; Email: [salahistsoc125@hotmail.com](mailto:salahistsoc125@hotmail.com)

For office use only:

Recorded: \_\_\_\_\_

Card sent: \_\_\_\_\_

Entered in Memorial Book: \_\_\_\_\_

Thank you to donor: \_\_\_\_\_

Sent to paper: \_\_\_\_\_