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

For office use only:
Recorded: _______________________
Card sent: _______________________
Entered in Memorial Book: _______________________
Thank you to donor: _______________________
