

Library Wish List Donation Form

Your Name: _____

Your Address: _____

Title of the Book You Wish to Have Purchased:

Cost of the Book: _____

Name of the person/group you wish to honor (if applicable):

Any additional information you wish to include:

Address for notification (if you want to let them know of your contribution):

Please make check payable to "Bishop Canevin High School."

Mail this form and the check to:

Mr. Kenneth Sinagra
Bishop Canevin High School
2700 Morange Road
Pittsburgh, Pa 15205

