



Frank E. Gannett Memorial Library

Gift & Donation Form - *Please present this completed form with your donation.*

Donor Contact Information:

Name:

Address:

Street

City

State

Postal Code

Phone:

Email:

Gift & Donation Information:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. I have read UC Library's Gift & Donation Policy | Yes | No |
| 2. Please return any books NOT accepted for the Library Collection to the donor | Yes | No |
| 3. Include a bookplate identifying the donor on all books accepted for the Library Collection
If yes, name as it should appear on the bookplate | Yes | No |

Total number of gift/donation books:

Hardcover _____ Paperback _____

Donor Signature

Date

UC Library Employee Signature

Date