

In-Kind Materials Donation

Date: _____ Staff member assisting: _____

Donated by:

Name: _____

Address: _____

Telephone: _____ email: _____

* Book(s) title / author: _____

Value: _____

* Donated materials must meet Library Collection Development Policy requirements.

Item(s): _____

Value: _____

(Optional)

In honor / memory of: _____

(Optional)

Information for bookplate, if requested: _____

(Optional)

Notification of gift to:

Name: _____

Street address: _____

If this is a Library materials gift , please bring the gift and this form to Diana Dart .

Contact Diana Dart, Community Relations Coordinator, at ddart@brightonlibrary.info
or 810 229-6571, ext. 211, for more information.

Acknowledgement: _____



**Brighton
District
Library**

100 Library Drive, Brighton, MI 48116
810-229-6571 • www.brightonlibrary.info

