

GAIL BORDEN PUBLIC LIBRARY DISTRICT
GIFT AGREEMENT FORM

Donor _____ Date _____

Address _____
(Street) (City) (State) (Zip)

Description of material donated:

Information concerning the material or donor that would be helpful in organizing and cataloging this material:

I have read the gift policy provisions of the Gail Borden Public Library District and agree that they are acceptable.

Donor

Date

Accepted for the Library by:

Library Director

Date