



DAULTON GIFT BOOK DONATION FORM

YES, I want to be part of the Daulton Gift Book Program!

Student's Name: _____ **Grade:** _____

Teacher: _____

Parent's/Donor's Name: _____

Parent's/Donor's mailing address: _____

OCCASION OF GIFT

_____ Birthday _____ Memorial _____ Non-specific gift Other _____

BOOK SELECTION

_____ Please arrange for my child to choose a gift selection with the help of the library media specialist.

_____ I would like to discuss gift options with the library media specialist. Please contact me by:

Email: _____

Phone: _____

Notes: _____

INFORMATION FOR BOOK PLATE

(Fill in for books donated in honor of someone's birthday)

Birthday Date: _____ (if gift is in honor of a birthday)

Honored Birthday Student: _____ Presented by: _____

(Fill in for books donated I honor or in memory of a person or occasion other than a birthday.)

In honor of: _____ or In Memory of: _____

Presented by: _____

Suggested wording: _____
