

Immaculate Conception School

Library Gift Form

Please fill in the information below and send this form in with any donations or gifts. All gifts will be recorded in the Library Gift Register and appropriate acknowledgements will be sent. Checks should be made payable to the **Immaculate Conception School Library Fund**.

Giver's name: _____ Room: _____ Date: _____

If child include parent's name: _____ Phone: _____

Gifts are usually acknowledged in *News From The Pews*. Check here if you do **NOT** want this information published. Do not publish information.

Type of Donation:

Birthday

Memorial Book

Gift Book

Cash

Book Selection:

I am enclosing the book list, indicating 1st, 2nd, and 3rd choice, and have included a check for \$_____.

Arrange for my child to choose from a selection of new books, includes listed and unlisted books. Enclosed is check for \$_____.

Notes: _____

Book Plate Information:

Birthday Book

Fill in for books donated in honor of someone's birthday.

Birthday Date: _____

Gift Books

Fill in for books donated in honor or in memory of someone.

In honor of: _____

OR

In memory of: _____

Presented by: _____

Announcements or Acknowledgement

Acknowledgements will be sent for memorial gifts and gifts honoring an occasion. Please contact the librarian, Mrs. Connor, with special instructions 573-636-6780.