Local Author Donation Form

Date:

Name:

Telephone #:

Mailing address:

Title of book:

Subject of book:

Include any reviews or promotional materials along with your donated book.

FOR STAFF USE ONLY

Check the box of the Library where the book is being donated.

☐ Cordelia  ☐ Fairfield  ☐ JFK (Vallejo)  ☐ Rio Vista
☐ Springstowne (Vallejo)  ☐ Suisun  ☐ Vacaville Cultural Center
☐ Vacaville Town Square

To Selector:  __________
   Date/Initials

To TSS:  __________
   Date/Initials