

**BAY COUNTY LIBRARY SYSTEM
GIFT BOOKS & MATERIALS RECEIPT**

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____

I HEREBY DONATE THE FOLLOWING MATERIALS TO THE BAY COUNTY LIBRARY SYSTEM, SUBJECT TO ITS COLLECTION DEVELOPMENT POLICY:

NUMBER OF HARDCOVER BOOKS: _____

NUMBER OF PAPERBACK BOOKS: _____

OTHER ITEMS, SPECIFY _____ **NUMBER** _____

OTHER ITEMS, SPECIFY _____ **NUMBER** _____

OTHER ITEMS, SPECIFY _____ **NUMBER** _____

I understand that the library has the final decision as to whether or not any gifted materials will become a part of its collection. Further, the library reserves the right to withdraw at any time materials that have been gifted and added to the collection. It is my responsibility to determine the value of donated materials for tax reporting purposes.

SIGNATURE _____ **DATE** _____

BAY COUNTY LIBRARY SYSTEM GRATEFULLY ACKNOWLEDGES THIS GIFT OF MATERIALS TO SUPPLEMENT OUR COLLECTIONS

RECEIVED BY _____

BRANCH _____ **DATE** _____