

Pickerington Public Library
201 Opportunity Way
Pickerington, Ohio 43147
614-837-4104



Materials Donation Agreement

Date of donation: _____ (donations are accepted Monday through Friday, 9:00 am – 5:00 pm)

A donation of (list quantity) _____ hardcover books _____ softcover books _____ VHS _____ DVD
_____ CDs _____ Other, (please specify)

Has been received from (please print legibly)

Name: _____

Address: _____

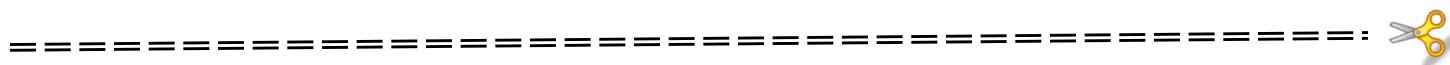
City: _____ State _____ ZIP _____

Phone: _____

I, the donor, understand that the library will make disposition of the donated materials in accordance with the Library Collection Development and donation procedures. I also understand the library cannot provide accurate inventory of material nor guarantee the return of any material once it is formally accepted. Containers left with donated items will be disposed of accordingly.

I have read and acknowledged the above agreement.

Donor Signature _____ Date _____



Materials Donation Receipt for Donor

_____ has donated to the Pickerington Library

_____ hardcover books _____ softcover books _____ VHS _____ DVD
_____ CDs _____ Other, (please specify)

Employee Initials _____ Date: _____



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