



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** **Dixon** **Fairfield** **JFK (Vallejo)** **Rio Vista**
- Springstowne (Vallejo)** **Suisun** **Vacaville Cultural Center**
- Vacaville Town Square**

To TSS: _____
Date/Initials