

SOLANO COUNTY LIBRARY  
Local Author Donation Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Title of book \_\_\_\_\_

Subject of book: \_\_\_\_\_

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

We ask for your understanding that we cannot return your donated book under any circumstances.

---

FOR STAFF USE ONLY

---

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dixon                 | <input type="checkbox"/> Fairfield Civic Center  | <input type="checkbox"/> Fairfield Cordelia        |
| <input type="checkbox"/> Rio Vista             | <input type="checkbox"/> Suisun City             | <input type="checkbox"/> Vacaville Cultural Center |
| <input type="checkbox"/> Vacaville Town Square | <input type="checkbox"/> Vallejo John F. Kennedy | <input type="checkbox"/> Vallejo Springstowne      |

To Selector: \_\_\_\_\_ (Date/Initials)

To TSS: \_\_\_\_\_ (Date/Initials)