

**Gift Form
Libraries of Fairmont State**

Date: _____

Donor Information:

Name: _____

Address: _____

Phone: _____

Fairmont State Affiliation (if any): _____

Gift Information:

Type of Gift: Books _____ Periodicals _____ Media _____

Other _____

Number of Items _____

List of Titles and/or Subject Areas:

If book(s) to be plated, book plate is to read:

I hereby present these items to the Libraries of Fairmont State. I acknowledge that they are mine to give. I understand that the Fairmont State Libraries do not assign a monetary value to gifts and/or donations. Additionally, I am aware that all items may not be added to the libraries' collections. If the library does not wish to add all of these materials to the collections, do you want them returned to you?

_____ **Yes, I want items returned to me and I agree to pick them up within 3 weeks of the library's decision.**

_____ **No, I do not want items returned to me.**

In the event that this is a third party gift, I am an authorized agent for the above named donor.

Signature and Date

Remarks:

The Libraries of Fairmont State hereby accepts and acknowledges as an unrestricted gift, the collection or item(s) described above and agrees to administer it/them in accordance with its established policies.

Gift Received By _____
Fairmont State Libraries Staff Member

Date: _____