



Children's Room Book Mural Donation Form

For a \$250 donation you can have your name or the name of a loved one added to the spine of a book on the mural in our preschool room! Proceeds are used to support Summer Reading.

Please return this form to the Information Desk with your cash, check, or credit card or mail a check to 200 N. Main Street, Wallingford, CT 06492. Please make checks payable to Wallingford Public Library.

Date: _____

Donated By:

Name: _____

Address: _____

Phone Number: _____ Email: _____

\$250 Donation Included as: Cash Check Credit Card

Name, as you would like it to appear on the spine:

ex: Joey Smith, The Smiths, Joey



Please choose a font: *Script* **Rockwell** **Gill Sans**

DO NOT WRITE BELOW THIS LINE — INTERNAL USE ONLY

Ref Staff: _____ Bus. Mgr: _____ Collab: _____ Admin: _____

Date: _____ Date: _____ Date: _____ Date: _____