

# Westmont College Library Gift Form

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

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Comments:

Acknowledgement receipt requested?      Yes      No

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I am donating these materials to Voskuyl Library with full knowledge that:

- the Library will not necessarily add all donated items to the collection;
- those items not added to the collection will not be returned to me;
- the Library does not provide an estimate on the value of the donated items.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Received by:

Date: