



St. Monica Catholic School Library Gift Book Program

Grade: _____ Teacher: _____

Child's Name: _____ Phone #: _____
(As it should appear on the bookplate)

Donor's Name: _____

Please complete a form for each book donated.

Salutation (i.e., Happy Birthday, Sally; Love, Mom & Dad): _____

Event: Birthday Date: _____
 First Communion Date: _____
 Confirmation Date: _____
 Christmas _____
 Other: _____

My child is interested in the following (check any that apply):

<input type="checkbox"/> Fairy tales / folk tales	<input type="checkbox"/> Fantasy
<input type="checkbox"/> Picture Books	<input type="checkbox"/> Sports
<input type="checkbox"/> Biography	<input type="checkbox"/> Mystery
<input type="checkbox"/> Historical fiction	<input type="checkbox"/> Science fiction
<input type="checkbox"/> Non Fiction - Indicate an area of interest (science, space, history, weather, bugs, etc.): _____	
<input type="checkbox"/> Favorite Author or Series _____	

**Please include \$20.00 for each book.
Make checks payable to: St. Monica School.**

***Return form(s) to your child's homeroom teacher or the library no later than
September 20.***

For office use:

Check Number: _____ Cash: _____ Amount: _____ Title: _____