



## 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: \_\_\_\_\_