

Gift number _____

**MCKILLOP LIBRARY, SALVE REGINA UNIVERSITY
GIFT RECEIPT FORM**

DATE: _____

NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____

Thank you very much for your gift in kind to the McKillop Library. The library staff evaluates all gifts for their appropriateness prior to adding them to the collection. Every effort is made to place the materials in our library or with another suitable agency or institution. However, the McKillop Library may use its discretion in the disposition of materials not considered appropriate for retention in its collection.

Donor's Signature: _____

GIFT PLATES

It is the library's policy to place a book plate in all donated materials that become part of the collection. Please print legibly the name that you would like on the gift plate by completing the appropriate line below:

Gift of: _____

In Memory of: _____

LIBRARY USE ONLY

Number of bags and boxes accepted from the donor:

Bags _____ Boxes _____ Miscellaneous _____ Initials _____ Date _____

INVENTORY

Hardcover books _____ Paperback books _____ DVDs _____

Date counted _____ Counted by _____ Acknowledgement date _____

Salve Regina University is unable to provide appraisals for tax or insurance purposes. The Donor has not received any goods or services from the University in return for this gift.