

BOOK CLUB KIT PURCHASE FORM

Today's Date _____

Name of person/group: _____

Phone or email for contact: _____

Desired Book Club Kit Title to Purchase* (include author & title)

Staff will determine if desired title is aligned with the East Central Regional Library's Collection Development policy. If not, you will be contacted to select an alternate title.

East Central Regional Library will purchase 12 paperback copies of the book selected. If there is a specific paperback edition desired, please include the ISBN here:

Does Book Club Kit need bookplate: _____ Yes _____ No

If yes, what should the bookplate say: (i.e. Donated by NAME or Donated in Memory of NAME)

- _____
 - *\$150.00 book club kit donation included _____ (make check out to East Central Regional Library) If the book you chose is more we will notify you of the cost .*
 - *Special Fund Account to be charged: Please list account name (i.e. Rush City Book Fund)*

Individuals donating funds for a Book Club Kit will receive first priority. Would you like us to place a hold for you? If YES:

Library Card Number: _____

Pickup Location: _____