East Central Regional Library

BOOK CLUB KIT PURCHASE FORM

Today's Date: _____

Name of person/group: _____

Phone and email for contact: _____

Desired Book Club Kit Title to Purchase* (include title & author details for 3-5 title options)

_____

_____

_____

If no titles are indicated, staff will select based on need. Title will be selected in accordance with ECRL's Collection Development policy.

*I wish to be contacted if ECRL is unable to purchase one of my suggested titles: ____ Yes _____ No

Does the Book Club Kit need a bookplate: _____ Yes _____ No

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

_____

- ***$175.00 book club kit donation needs to be included with this request .***
  Please make check out to East Central Regional Library.

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: _____

Office Use Only

Special Fund Account to be charged: Please list account name (i.e. Rush City Book Fund)

_____

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