Donation Drop off Form

OFFICE USE ONLY

Drop off Location: \_\_\_\_Circ \_\_\_\_Special Services \_\_\_\_Welcome Center \_\_\_\_Other

Staff Member Initials\_\_\_\_ Contacted Special Services\_\_\_\_

Name:

Address:

Phone:

Email:

Notes: (i.e. where items came from, who they belonged to)

Thank you for supporting the Library!

Donor’s Signature Date

DISCLAIMER: Once gifts are received, items become the property of the David D. Palmer Health Sciences Library. If you own the copyright to the materials, the library has permission to digitize unless otherwise noted. The Library reserves the right to use or dispose of such materials in any manner deemed appropriate, without any obligation to the person making the donation.