





Date Received:			
Donor Inform	ation_		
Donor Name:			
(First and Last Name, and title	if a Sul Ross State University	ersity employee)	
Mailing Address:			
Address	City	State	Zip
Phone Number or Email Address:			
Items Received: Include Titles, Author(s), Year, and type	(Book, Media, Other)		
	Bo	ok 🗆 Media	☐ Other
	□ Bo	ok 🗆 Media	☐ Other
	□ Bo	ok 🗆 Media	☐ Other
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	□ Bo	ok 🗆 Media	☐ Other
	□ Bo	ok 🗆 Media	☐ Other
Gift Polic	У		
The Bryan Wildenthal Memorial Library accepts individuals and organizations but reserves the rig to the Collection Development Policy. There shunwanted items.	ht to accept or re	ject materials	according
The Library cannot provide a statement of the value or other purposes.	ue of gift items fo	r income tax d	eductions
My signature shows that I understand and agree	to the above ter	ms of this gift	donation:
Signature:	Date:		

Thank you for your donation to the Bryan Wildenthal Memorial Library!



For Staff use only:

Receiver:			
Description:			
Number of items donated	d:		
General Stacks or Reference:			
Total:	(Hard Copy	or Paperback)
Children's Books:			
Total:	(Hard Copy	or Paperback)
Media and/or Other:			
Total:	(DVD	or Other)
Content Notes:			
Disposition (if necessary):			