



**St. Monica Catholic School Library
Gift Book Program
2017-2018**

Grade: _____ Teacher: _____

Child's Name: _____ Phone #: _____
(As it should appear on the bookplate)

Donor's Name: _____

Please complete a form for each book donated.

Salutation (i.e., Happy Birthday, Sally; Love, Mom & Dad): _____

Event: Birthday Date: _____
 First Communion Date: _____
 Confirmation Date: _____
 Christmas
 Other: _____

My child is interested in the following (check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> Fairy tales / folk tales | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Picture Books | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Mystery |
| <input type="checkbox"/> Historical fiction | <input type="checkbox"/> Science fiction |
| <input type="checkbox"/> Non Fiction - Indicate an area of interest (science, space, history, weather, bugs, etc.): _____ | |
| <input type="checkbox"/> Favorite Author or Series _____ | |

**Please include \$20.00 for each book.
Make checks payable to: St. Monica School.**

***Return form(s) to your child's homeroom teacher or the library no later than
Friday, September 29, 2017.***

For office use:

Check Number: _____ Cash: _____ Amount: _____ Title: _____