

BOOK DEDICATION FORM

Gift Amount \$ _____ (recommended: \$18 per book typically covers cost of book and shipping)

PLEASE MAKE CHECK PAYABLE TO GAYMAN HOME AND SCHOOL ASSOCIATION

I would like the librarian to choose the book. My child's reading interests are: _____

I would like to choose the book(s) myself. (A list of titles is available in the library. Please contact the librarian at hthomas@cbsd.org)

I would like to suggest a book: _____

Bookplate information (sample available on website):

Dedicated to: _____

Additional words: _____

From: _____

Contact Information:

Name: _____ **Phone Number** _____

Child's Name _____

Teacher's Name _____

Please return this form to the library with your payment to GHSA.

All book dedications will be recognized in the Gayman Gazette and during library classes.

Thank you for your support of Reading at the Gayman Library.