

Lincoln Heights Elementary School Library
BIRTHDAY BOOK DONATION FORM

Name of Student.....

Teacher/Grade.....

Birthday (Month/Day).....

Other Information:

For Office Use Only	
<input type="checkbox"/>	donation received
<input type="checkbox"/>	book selected
<input type="checkbox"/>	bookplate made and attached
<input type="checkbox"/>	book checked out to student
<input type="checkbox"/>	photo taken
<input type="checkbox"/>	photo placed on wall