



FRANKFORT CITY LIBRARY

STORYWALK® SPONSOR FORM

Please note that the library will not accept donations of actual materials as part of this program.

DONOR INFORMATION

Name/Business/Organization: _____ Phone#: _____

Address: _____

DONATION AMOUNT: \$50

Please circle the month(s) you would prefer. We will contact you regarding availability.

I would prefer: JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY
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To help the Director choose a title, please suggest some interests:(ie.farm animals, dinosaurs, art)

Donor/Business/Organization may leave a message to be displayed at the end of the StoryWalk® to honor a special occasion, birthday, holiday or milestone etc. Please indicate how the message should read:

StoryWalk® Sponsor Policy

StoryWalk® donors will be added to all StoryWalk® marketing and on the physical StoryWalk® for the month selected.

StoryWalk® donations are accepted to purchase new titles for the Frankfort City Library StoryWalk®. While the library will not accept the donations of books, materials, or objects, for use at the StoryWalk®, financial contributions may be direct toward favorite subject areas.

For Office Use: Date Received _____ Paid _____ Initials _____