



**The Friends of the St. Lucie County Library Association, Inc.,
101 Melody Lane
Fort Pierce, FL 34950**

Complete this form with your name, address, date, and signature. Please indicate the number of items in your gift. This signed copy will serve as your official receipt.

**The Friends of the St. Lucie County Library Association, Inc.,
gratefully acknowledge this donation by:**

Name _____

Address _____

City _____ State & Zip _____

I am donating _____ books/audiovisual materials to the Friends of the St. Lucie County Library Association, Inc., without restriction as to use or disposition. I agree that they may be added to the collection if they meet the collection development criteria. If not added to the collection, the material may be sold or otherwise disposed of.

Donor Signature _____ Date _____

Received by _____ Date _____