



**Mcbride Memorial Library**  
500 N. Market Street  
Berwick, Pa 18603

## Materials Donation Receipt

**A donation of (list quantity)**

\_\_\_\_\_ hardcover books, \_\_\_\_\_ paperback books, \_\_\_\_\_ records, \_\_\_\_\_ VHS \_\_\_\_\_ DVD \_\_\_\_\_

**Other, (please specify)** \_\_\_\_\_

**Has been received from** (please print legibly) **Date of donation:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_

Received by (Library representative) \_\_\_\_\_

I, the donor, understand that the library will make disposition of the donated materials in accordance with the Library Materials Donation Policy. I also understand the library cannot guarantee the return of any material once it is formally accepted.

I have read and acknowledged the above agreement.

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_