

Local Author Donation Form

Please submit this form and any professional reviews/critiques with one copy of your book to the reference desk. Materials received without this accompanying form will not be considered.

Initial each bullet point, indicating you have read and agreed to each section

- The Patten Free Library cannot guarantee that donated materials will be added to the collection. All items in our collection are subject to our Materials Selection Policy.
- Materials that are accepted and added to the collection are subject to the same standards as any other library material and may be reconsidered, weeded and withdrawn in the course of time.
- Materials that are not accepted for addition into the collection and materials which have been withdrawn and are in good condition are donated to other non-profit agencies, or recycled where appropriate. Items may also be given to Friends of the Patten Free Library to be sold to the public, with proceeds to benefit the Library. No items can be held or returned to individuals.
- If materials are selected for the collection, it may take 6 months or more to be fully catalogued, added to the collection, and become available on Library shelves.
- Acceptance of materials into the collection does not guarantee programming support from the Library. Library programming needs will be evaluated separately. This includes book launches, talks, lectures, signings, workshops, and any other literary event. Please submit a Program Proposal form if interested.

Name of your item: _____

Publication Date: _____

Publisher: _____

Target Audience (circle one): Adult Teen Children

Type (circle one): Fiction Non-Fiction

Comments:

Name: _____

Email Address: _____

Home Address: _____

City, State, Zip: _____

Signature _____ Date _____

I give the Patten Free Library permission to add my item to their collection, and I release all claims for compensation related to use of the materials.

(Signature)

(Date)

Parent or Guardian's signature required if under 18 years old

Parent/Guardian Name(s) _____

For staff use only:

_____ Receiving Staff Initials

Comments:

_____ Selector Initials

_____ Date Reviewed

_____ Accepted

_____ Not Accepted

Selectors: Please remember to pass items on to the History Room for review when relevant. Please place this form in the Development mailbox in Tech Services when complete.