



Gift Form – updated August 2024

Bryan Wildenthal Memorial Library – Alpine | Building D-129 Eagle Pass
Sul Ross State University

Date Received: _____

Donor Information

Donor Name: _____

(First and Last Name, and title if a Sul Ross State University employee)

Mailing Address: _____

Address City State Zip

Phone Number or Email Address: _____

Description of Items Received: Include Titles, Author(s), Year, and type (Book, Media, Other)

- | | | | |
|-------|-------------------------------|--------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> Book | <input type="checkbox"/> Media | <input type="checkbox"/> Other |
| _____ | <input type="checkbox"/> Book | <input type="checkbox"/> Media | <input type="checkbox"/> Other |
| _____ | <input type="checkbox"/> Book | <input type="checkbox"/> Media | <input type="checkbox"/> Other |
| _____ | <input type="checkbox"/> Book | <input type="checkbox"/> Media | <input type="checkbox"/> Other |

Gift Policy

The SRSU Library accepts donated books and other materials from individuals and organizations but reserves the right to accept or reject materials according to the Collection Development Policy. **There shall be no restrictions on disposal of unwanted items.**

Staff members cannot provide a statement of the value of gift items for income tax deductions or other purposes.

My signature shows that I understand and agree to the above terms of this gift donation:

Signature: _____ Date: _____

Thank you for your donation!

For Staff use only:

Receiver: _____

Description: