

UNIVERSITY OF COLORADO LIBRARIES
ACQUISITIONS DEPT GIFT RECORD
(PLEASE TYPE OR PRINT CLEARLY)

DATE: _____

DONORS NAME: (check one-how does donor wish to be addressed?)

- | | |
|-------------------------------|--|
| <input type="checkbox"/> MR | <input type="checkbox"/> PROFESSOR |
| <input type="checkbox"/> MRS | <input type="checkbox"/> DR |
| <input type="checkbox"/> MISS | <input type="checkbox"/> OTHER (specify) |
| <input type="checkbox"/> MS | |

NAME: _____

ADDRESS: _____

(may **not** be a campus address to qualify as a donation from a University employee)

TELEPHONE: _____ LIBRARY CONTACT (GIFT RECEIVED BY): _____

BOOKS RECEIVED (# OF PIECES): _____

SERIALS RECEIVED (# OF PIECES): _____

OTHER ITEMS RECEIVED (# OF PIECES): _____

(Describe, eg: CD, videocassette, map):

BRIEF DESCRIPTION OF GIFT: _____

PLATING (OPTIONAL): _____

(Exact wording to appear on gift plate, eg: Gift of Betty Hammond, In Memory of Professor Einstein)

Remarks: _____
