



# Donation Slip

☐ Yes, please send me a letter of acknowledgement

☐ No letter needed

☐ Mr.    ☐ Mrs.    ☐ Ms.    ☐ Dr.

Date: \_\_\_\_\_

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

Stanford Dept: \_\_\_\_\_ Mail Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

# of Books: \_\_\_\_\_ Other Materials: \_\_\_\_\_

Title/publication date: \_\_\_\_\_

OR ☐ List of items attached.

*\*\*Please note: Lane Library no longer accepts periodicals.*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

