



Vaughan
Public Libraries

TEACHER DEDICATION REQUEST FORM

Teacher's Name: _____

School: _____

Grade: _____ Amount of Donation: _____

Do you require a tax receipt? (Only for donations over \$10.00) ☐ Yes ☐ No

Who is this donation from?

☐ **Yourself**

Name: _____ Grade: _____

☐ **A small group**

Please list all participating names. Use the other side if necessary:

☐ **The entire class**

Grade: _____ Year: _____

Please choose a dedication:

- ☐ with sincere appreciation ☐ for a great school year ☐ recognize a great teacher
☐ for all your encouragement ☐ a school trip - (indicate where:) _____

Please list a contact name so we may notify you and/or your group when the donation is ready.

Name: _____

Address: _____

Telephone: _____

e-mail: _____