

BOOK DONATION REQUEST FORM

To request a book donation, please complete the form below. All sections are required unless otherwise specified. Once completed, please submit the form to donations@bookoutlet.com.

At Book Outlet, promoting literacy is central to our purpose. While we'd love to fulfill every request, we will only contact applicants whose submissions we're able to support.

ORGANIZATIO	N INFORMATION:
Organization I	Name:
	Type:
Website (if ap	plicable):
Non-Profit Re	gistration Number (if applicable):
Primary Conto	act Name:
Primary Conto	ıct Email:
Primary Conto	act Phone Number:
Location and ,	Area of Service:
	OF LITERACY PROGRAM: e your organization's literacy program(s):
Taract Audion	ac (a.g. gga group community conyed);
-	ce (e.g., age group, community served): pple served annually:
·	Children's Books (ages 0-12) Age Specification(s) (optional, please specify):
	Young Adult Fiction
	Young Adult Nonfiction
	Adult Fiction
	Adult Nonfiction
	Other (please specify)



Title:

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REQUEST DETAILS:
What is the primary reason for your book donation request?
How will the books be used? (Describe how the donated books will be distributed or used in literacy programs.)
Expected impact of book donation: (e.g., number of people who will benefit, expected literacy outcomes, new programs created)
ADDITIONAL INFORMATION (OPTIONAL):
Do you have any additional comments or information that may help us consider your request?
SUBMISSION AGREEMENT:
By submitting this form, you confirm that the information provided is accurate and truthful to the best of your knowledge. You understand that if approved, your organization will be responsible for using the donated books according to the outlined plans and may be asked to report on the outcomes.
Name: Date: