

**Washington University School of Medicine
Bernard Becker Medical Library**

STATEMENT OF LIBRARY MATERIALS DONATION

I am donating _____ to the Bernard Becker Medical
(number) (items, e.g., books, journals)

Library with the understanding that they will be added to the collection if they meet library needs. If not, the items may be disposed of in any manner deemed suitable by the Library.

I understand that by signing this form, I relinquish all ownership rights to the materials specified, and that these materials will not be returned to me if they are not added to the Library collection.

I understand that although the Bernard Becker Medical Library acknowledges gifts for tax purposes, IRS regulations do not permit the Library to assess the monetary value of gifts.

Donor's Name: _____

Donor's Address: _____

Signature of Donor

Date

Library Staff Signature

A list of items donated may be attached or items may be listed below and on the back if desired.

Please complete this form and return to:

Acquisitions Department
Bernard Becker Medical Library
Washington University School of Medicine
660 S. Euclid Ave., Campus Box 8132
St. Louis MO 63110
314-362-4226