Washington County Community Foundation

Presents



What Is It?

Dolly Parton's Imagination Library is a 60 volume set of books beginning with the children's classic *The Little Engine That Could™*. Each month a new, carefully selected book will be mailed in your child's name directly to your home. Best of all it is a **FREE GIFT**! There is no cost or obligation to your family.

Who Is Eligible?

Preschool children ages birth to five who are residents of Washington County.

What Are My Responsibilities?

- 1. Be a resident of Washington County.
- 2. Submit an official registration form, completely filled out by parent or guardian. (Form must be approved and on file with Washington County Community Foundation.)
- 3. Notify Washington County Community Foundation any time your address changes. Books are mailed to the address listed on the official registration form. If the child's address changes, you must contact the folks at the address on this card in order to continue receiving books.
- 4. Read with your child.

When Will I Receive Books?

Eight to ten weeks after your registration form has been received, books will begin arriving at your home and will continue until your child turns five or you move out of Washington County.

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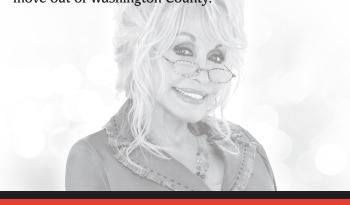
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Code:	Group Code:	FOR OFFICE USE ONLY: Date Received:	FOR OFFICE USE
SIGNATURE OF PARENT/GUARDIAN	SIGNATURE OF	"This child is a resident of Washington County"	"This child is a resid
			Email Address
POST CODE		TOWN/CITY	
		ADDRESS	(if different)
POST CODE		TOWN/CITY	Postal Address
		SS ADDRESS	Child's Home Address
		Vame	Parent/Guardian's Name
Phone	Sex: M F	's FULL Name//	2nd Preschool Child's FULL Name Child's Date of Birth/_
Phone	Sex: M F		Child's Date of Birth
Dolly Parton's IMAGINATION LIBRARY Official Registration Form Privacy Statement: This information will not be used without your permission for any purpose other than those related to the Imagination Library. PLEASE PRINT 1st Preschool Child's FULL Name	RY Official Regist	Dolly Parton's IMAGINATION LIBRARY Official Registration Form Privacy Statement: This information will not be used without your permission for any purpose other than those related to the 1 st Preschool Child's FULL Name	Dolly Parton's IMAGIN/ Privacy Statement: This information will not 1st Preschool Child's FULL Name

Sign up your child today!

Simply fill out the above form and mail to:

Washington County Community Foundation
P.O. Box 50 Salem, IN 47167 (812) 883-7334
I Polly Partons I MAGINATION
LIBRARY

Dolly Parton's IMAGINATION LIBRARY Official Registration Form Privacy Statement: This information will not be used without your permission for any purpose other than those related to the Imagination Library. PLEASE PRINT	Official Reg	istration Form er than those related to the Imagination Library. PLEASE PRINT
Child's Date of Birth///	Sex: M F	Phone
2nd Preschool Child's FULL Name		
Child's Date of Birth//	Sex: M F	Phone
Parent/Guardian's Name		
Child's Home Address		
TOWN/GITY		POST CODE
if different) Address Address		
TOWN/CITY		POST CODE
Email Address		
This child is a resident of Washington County"	SIGNATUR	SIGNATURE OF PARENT/GUARDIAN
FOR OFFICE USE ONLY: Date Received:	Gre	Group Code:

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