

Local Author Donation

Author/Illustrator Contact Information

Full Name: _____

Address: _____ Apt./Unit # _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Email: _____

Title of Book: _____

Date Submitted: _____

Authors wishing to donate their works may drop off one copy of the book and this completed donation form at the Stow-Munroe Falls Public Library or send a copy to:

Stow-Munroe Falls Public Library
ATTN: Local Authors, Information Services
3512 Darrow Road
Stow, OH 44224



Stow • Munroe Falls
PublicLibrary
Read. Dream. Connect.

3512 Darrow Road, Stow, OH 44224
(330) 688-3295 • www.smfpl.org

