

# **Birthday Book Program**

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Name (as it will appear on the bookplate): \_\_\_\_\_

Child's Age: \_\_\_\_\_

Enclosed is a donation of \$ \_\_\_\_\_

Subject Area: \_\_\_\_\_

**Please make checks payable to the Winchester Public Library. Mail your check, along with this completed form to:**

Birthday Book Program  
Winchester Public Library  
80 Washington Street  
Winchester, MA 01890