Dolly Parton Imagination Library

Sign up Form

Please mail or email form to: 801 W Fairchild, Danville, IL 61832 - Email: ceo@unitedwayda.org - 217-442-3512 Serving Vermilion County, IL - Fountain and Warren County, IN



About Parent/Guardian				
Name:	(Required) Cell Phone:			
Address:		City/State:	Zip:	
Employer:Department:_				
(Required) Email:		Birthday		
About YOUR Child				
* Please expect first book to ta	ike 8-12 weeks to be delivered.			
Child First and Last Name: _				
Address: (same as above)Cit		City/State:	Zip:	
Age: Gender:		Birthday	Birthday//	
Invest in a Child (*not required to participate)				
1 book - \$2.50		DIRECT PAYMENT \$		
•	X \$2.50 = # Books Total Investment	Cash enclosed	Cash enclosed	
		Chack analogad: Ck#	Check enclosed: Ck#	
36 books (3 years) - \$75			ay of Danville Area, Inc.)	
48 books (4 years) - \$100		Bill Me Month Quarter	One Time	
60 books (5 years) - \$125	☐ Make my gift anonymous	Credit Card* (Unitedway	/da.com)	
		*NEW (Roundup Program	n)	

I hereby explicitly consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the purposes of participating in Dolly Parton's Imagination Library book gifting program. To measure the benefits of this program we may create data sets with the information provided herein and share them with research and educational advancement partners. You agree to review full Terms & Conditions and Privacy Policy by visiting imaginationlibrary.com. By signing and submitting this form you expressly consent to the terms forth herein.

Parent/Guardian SIGNATURE		
	PLEASE MAKE COPY FOR YOUR RECORDS	