



28 W 751 Stafford Place • Warrenville, IL 60555 • 630/393-1171 • Fax 630/393-1688

WARRENVILLE PUBLIC LIBRARY DISTRICT MOBILE DEVICE DONATION RECEIPT

NAME: _____

ADDRESS: _____

PHONE: _____

NOT TO INCLUDE laptop or desktop computers, monitors, printers or office equipment.

DEVICE(s): _____

By signing below, I confirm that I am the legal owner of the device(s) listed above, and that I have removed all personal data and returned the device(s) to factory settings.

SIGNATURE: _____

DATE: _____ Staff Initials: _____

The Warrenville Public Library District is grateful for the above listed gift(s). Neither the Board of Trustees, Director, nor staff assigns any specific monetary value to the above gift(s).

Each donation is accepted only on the condition that the donation may be retained, sold, given away or discarded at the discretion of the Library Board of Trustees and/or Director.

Donations will not be returned to the donor. (Policy #235 – Gifts, Donations & Sponsorships)