

Souris Valley United Way

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 Ward, Renville, Burke, Mountrail or McHenry County.

What Are My Responsibilities?

- 1. Be a resident of an eligible county.
- 2. Submit an official registration form, completely filled out by parent or guardian. (Form must be approved and on file with Souris Valley United Way.)
- 3. Notify Souris Valley United Way 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 an eligible county.





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Her	Email Address	Postal Address Address (if different) Address TOWN/CITY POST CODE	Parent/Guardian's NameChild's Home Address	2nd Preschool Child's FULL Name Sex: M F Phone	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	
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Sign up your child today!

Simply fill out the above form and mail to:

Souris Valley Un 1941 4th St. SW Minot, ND 58701 (701) 839-2994	ited Way
United Way Souris Valley United Way	Dolly Partons, IMAGINATION LIBRARY

Dolly Parton's IMAGINATION LIBRARY Official Registration Form Trivacy Statement: This information will not be used without your permission for any purpose other than those related to the Imagination Library, PLEASE PRINT	Y Official Registration I	FOTM d 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 ADDRESS		
TOWN/CITY		POST CODE
Postal Address If different) ADDRESS		
TOWN/CITY		POST CODE
Email Address		
This child is a resident of <i>an eligible county</i> "		
	SIGNATURE OF PARENT/GUARDIAN	NAN
FOR OFFICE USE ONLY: Date Received:	Group Code:	

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