

Dolly Parton's Imagination Library



What is Imagination Library?

Imagination Library means books in the hands of every young child to read and keep for their very own. It means parents, older brothers or sisters, grandparents, babysitters and others reading, talking and enjoying books together with the children in their lives.

Children enrolled receive a new, age-appropriate, hard cover book sent to them at their home each month. The program is offered to families at no cost.

Every child will have books of their own thanks to United Way of Fort Smith Area and Dolly Parton's Imagination Library. It is funded locally by individual donations from parents and other community members, corporate gifts and special grants.

A child can be sponsored for \$30 per year. United Way works to build community support for children during the formative years that influence their entire lives with the goal of helping all children be prepared for success in school and life.

Who is eligible?

Children from birth up to their fifth birthday in Crawford, Franklin, Logan or Sebastian counties

When will the child receive books?

After registering, the first book takes about six to eight weeks to arrive. Books will arrive monthly until the child's fifth birthday.

How do I participate?

- Submit a completed donation form to United Way of Fort Smith Area.
- Tell others about Imagination Library.
- Let your employer know that businesses can also donate to help support Imagination Library. Donations are greatly appreciated to help ensure continuation of this program.

United Way of Fort Smith Area supports Imagination Library in Crawford, Franklin, Logan and Sebastian counties.

For information, contact:
 United Way of Fort Smith Area
 Tel: 479-782-1311
 Fax: 479-782-3505
 Email: unitedway@mynewroads.com
 Website: www.unitedwayfortsmith.org



Imagination Library Donation Form

I would like to ensure that children are enrolled in **Dolly Parton's Imagination Library** and receive a book each month from birth to age 5. Cost is \$30 annually per child.
 \$ _____ \$150 for five years per child \$ _____

Enclosed is a check. Amount \$ _____ Check # _____

I would like to charge to a credit card: \$ _____

Visa MasterCard Discover American Express

Card Number _____ Exp. Date: _____

Name on card: _____

Signature: _____

Your information:

Name _____

Address _____

City _____ State _____ Zip _____

I would like to give the book(s) in honor of:

Name _____

Address _____

City _____ State _____ Zip _____

I would like to give the book(s) in memory of:

Name _____

Send acknowledgement to:

Name _____

Address _____

City _____ State _____ Zip _____

Mail to:

United Way of Fort Smith Area
 P. O. Box 2300
 Fort Smith, AR 72902-2300

