

# SPL Donation Box Request



Non-profit organizations and community groups may conduct box collections within designated areas of Simsbury Public Library to promote and encourage charitable giving by the community. You must submit this form to request the use of the library as a donation box drop off location. This form is intended only for **requests**; it does not guarantee that the donation box locations are available or reserved. The following states the regulations for usage of donation box locations:

## Donation Box Space

- May be reserved for a maximum of three weeks.
- Is available in the Children's Room- left side of fish tank, Children's Room-right side of fish tank, or upstairs by the elevator.

## Donation Boxes

- Must be provided by the organization requesting donations.
- Must be smaller than 36" wide x 21" long x 36" tall We recommend selecting a taller box for the Children's Room. When shallow boxes are used, small children tend to touch, remove, and play with donations.
- Must be appropriate for public viewing.
- Must have signage that clearly identifies the organization hosting the donation drive **and** the non-profit organization benefiting from the donations.
- Must be picked up the next business day after the ending reservation date or it may be discarded. If for some reason these deadlines cannot be met, the Head of Children's Services must be informed.

## Community Groups and Non-Profit Organizations

- May submit this request form up to three months in advance of the reservation date.
- Must provide a list of items that will be accepted in the drive Please note any items that will NOT be accepted as well.
- Are responsible for checking on and maintaining the donation box to ensure items are not overflowing, inappropriate, hazardous or perishable.

## Additional Information

- Space is scheduled on a first come, first served basis.
- The Simsbury Public Library is not responsible for any lost or stolen items.
- The Simsbury Public Library reserves the right to deny a donation box space.

# SPL Donation Box Request



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Name of Organization: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Location Requested: (Choose one)

Phone number: \_\_\_\_\_

- Children's Room – Left side fish tank
- Children's Room – Right side fish tank
- Upstairs by the elevator

Email: \_\_\_\_\_

Material to be collected: \_\_\_\_\_

Non-Profit  
Benefactor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Staff Only:** Date & Initials \_\_\_\_\_