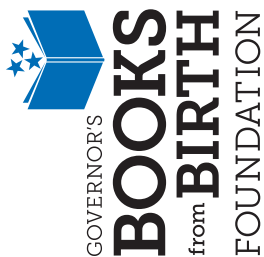


PLACE
STAMP
HERE



**Sign up your
child today!**

GOVERNOR'S BOOKS FROM BIRTH FOUNDATION
312 ROSA PARKS AVENUE 27TH FL
NASHVILLE TN 37243-1102

Get On Board!



**A GIFT to the Children
of Tennessee**

In Partnership with



GOVERNOR'S
BOOKS from **BIRTH**
FOUNDATION

1-877-99-BOOKS

www.GovernorsFoundation.org





Dolly Parton's IMAGINATION LIBRARY in Tennessee

- WHO?** ALL Children from birth to 5 yrs old who live in Tennessee.
- WHAT?** Your child's very own Imagination Library! A new age-appropriate book mailed to your child every month until he/she turns 5 years old.
- WHEN?** Books begin arriving each month 8 to 10 weeks after enrolling.
- WHERE?** Mailed to your child's home.
- HOW?** Dolly Parton's Imagination Library in partnership with the Governor's Books from Birth Foundation, the State of Tennessee, Governor & First Lady Haslam, and other generous donors have joined together to make this program available to every preschool child in the state.
- HOW MUCH?** **FREE!** Books are provided at NO COST to you!

We are building a foundation for reading and learning through books for Tennessee's children. Give your child the Gift of Reading!

With Sincere Thanks to our



Sustaining Circle Members:

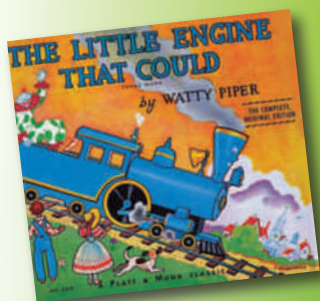
-  BlueCross BlueShield of Tennessee Health Foundation
-  Delta Dental of Tennessee
-  Dollar General Literacy Foundation
-  Nissan North America, Inc.

& Foundation Circle Members:

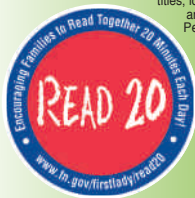
-  Amazon
-  Verizon Foundation

Join the First Lady's *Read20* efforts. Read with your child 20 minutes each and every day.

-  Sustaining Circle Member
-  Foundation Circle Member



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MOISTEN GLUE STRIP TO SEAL

Dolly Parton's IMAGINATION LIBRARY in Tennessee

Privacy Statement: This information will not be used for any purpose other than the Imagination Library.

PLEASE PRINT LEGIBLY

Child's Name: _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

Child's Date of Birth: ____ / ____ / ____ Sex: M F Phone: _____

2nd Child's Name: _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

2nd Child's Date of Birth: ____ / ____ / ____ Sex: M F Is English your 2nd language? Yes No

Parent/Guardian's Name: _____ FIRST NAME _____ LAST NAME _____

Child's Mailing Address: _____ STREET ADDRESS _____

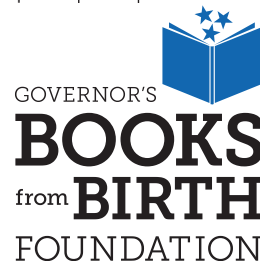
CITY _____ ZIP CODE _____ COUNTY _____

E-mail Address: _____

(To receive news & information on the program)

Signature of Parent/Guardian _____

Child must live in Tennessee and be between the ages of 0 and 5 years old.



(615) 253-3600 • 1-877-99-BOOKS

www.governorsfoundation.org

[Facebook.com/TNImaginationLibrary](https://www.facebook.com/TNImaginationLibrary)

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