

Dear Friends and Neighbors...

Growing up in the Smoky Mountains was a real blessing. There were some tough times, but most of our life was full of the kind of riches money can never buy. One of my most precious memories is sitting in my mother's lap and listening to her read me stories from the Bible. It felt so warm and cozy. My imagination soared to places far beyond our little cabin.

Those wonderful moments with my mother inspired me to create my Imagination Library. Thanks to **SPONSOR NAME(S)**, all of the preschoolers in your community can now have their own Imagination Library. Just think, a book mailed to your child each month until their 5th birthday!

I hope these books inspire you to read to your child. There is nothing quite like the sparkle in a child's eye when animals come alive and clowns dance on the page.

I hope you'll encourage your children to keep dreaming and to dream big. If my Imagination Library helps turn the dreams of a child into the promise of a bright future, then one of my biggest dreams will come true.

*And remember...
I will always love you,*

Dolly



Smart Start

Each Child. Every Community.



Sign up your child today!



SPONSOR LOGO
OR NAME

PRESENTS



The Gift that
Speaks Volumes for
our Community's
Future!

What Is Dolly Parton's Imagination Library?

Dolly Parton's Imagination Library is...FREE!

It sounds almost too simple to be true, but by reading regularly with your children during their preschool years, you are giving them the biggest boost toward a successful education they will ever get.

Dolly Parton's Imagination Library will help you read with your child. There are many reasons parents do not read to their child, but we can eliminate one of them. Every child will have books of their very own, **at no cost to you**, thanks to **SPONSOR NAME(S)** and Dolly Parton.

Each month a new, carefully selected book will be mailed in your child's name directly to your home. He/she can look forward to new and exciting reading adventures from Dolly Parton's Imagination Library until he/she turns five years old as long as you remain a resident of **YOUR ELIGIBILITY AREA**. Should the child move outside **YOUR ELIGIBILITY AREA**, he/she automatically exits the program.

Dolly Parton's Imagination Library is a FREE GIFT to our children! All you have to do is read to your children.

Who Is Eligible?

Preschool children (birth until their fifth birthday) **YOUR ELIGIBILITY AREA**.

What Are My Responsibilities?

1. Be a resident of **YOUR ELIGIBILITY AREA**.
2. Submit an official registration form, completely filled out by parent or guardian (form must be approved and on file with **ORGANIZATION ACCEPTING FORMS**).
3. Notify **ORGANIZATION ACCEPTING FORMS** 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 your friends at the address on this brochure 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 **YOUR ELIGIBILITY AREA**.

How Can I Help?

Do you know a preschool child in **YOUR ELIGIBILITY AREA** who is not receiving Dolly Parton's Imagination Library? Give their parents a brochure/registration form and encourage them to fill it out and mail it to the address below. Telling them about this **FREE program** can make a huge difference in their future and the future of our community.

If you know of a business, organization or individual who would like to donate funds to support this gift to your children, donations can be sent to:

ORGANIZATION ACCEPTING DONATIONS' NAME AND ADDRESS HERE

Dolly Parton's IMAGINATION LIBRARY Official Registration Form
Privacy Statement: This information will not be used for any purpose other than the Imagination Library.
PLEASE PRINT

1st Preschool Child's FULL Name _____
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 _____
CITY _____ STATE _____ ZIP CODE _____
Mailing Address (if different) _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
Email Address _____
CITY _____ STATE _____ ZIP CODE _____

"This child is a resident of **YOUR ELIGIBILITY AREA**" _____
SIGNATURE OF PARENT/GUARDIAN _____

FOR OFFICE USE ONLY: Date Received: _____ Group Code: _____



Sign up your child today!

Simply fill out the above form and mail to:

ORGANIZATION ACCEPTING FORMS' NAME
Address Line 1
Address Line 2
Phone Number

Cut Here

"This program is one of the most important ways I know to improve the educational opportunities for children in your community!"

-Dolly