



Book Fund Order Form

Please register on www.RIF.org/literacy-network before completing and returning this form.

1. PROVIDE ORGANIZATION INFORMATION:

Organization Name: _____

Primary Contact Person: _____

RIF ID Number: _____

Email: _____

Phone Number: _____

Shipping Street Address (No PO Boxes): _____

Shipping City: _____

Shipping State: _____

Shipping Zip Code: _____

2. DESCRIBE YOUR GENERAL BOOK NEEDS (Please keep in mind that your purchase will be transferred into a pre-paid book allocation for you to select books through our online bookstore. The selections below help us make sure that our inventory will meet your needs):

Please select the genres that best meet the needs/interest of the Children at your Site:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Beginning Chapter Books | <input type="checkbox"/> Bilingual/Spanish |
| <input type="checkbox"/> Biography | <input type="checkbox"/> Board Books | <input type="checkbox"/> Content Area/Non-Fiction |
| <input type="checkbox"/> Fantasy | <input type="checkbox"/> Fiction | <input type="checkbox"/> Folk/Fairy Tales |
| <input type="checkbox"/> Graphic Novels | <input type="checkbox"/> Multicultural | <input type="checkbox"/> Poetry |
| <input type="checkbox"/> Sports | <input type="checkbox"/> STEM | <input type="checkbox"/> Visual & Performing Arts |

Please List the Number of Requested Books in Each Grade Level:

- | | | | |
|------------------|---------|---------|---------------------|
| _____ Early PreK | _____ 1 | _____ 4 | _____ Middle School |
| _____ PreK | _____ 2 | _____ 5 | _____ High School |
| _____ K | _____ 3 | _____ 6 | |

Total Books Needed: _____

Book Cost (Calculated at \$3/Book x Number of Books Requested): _____

Please send this form to literacynetwork@rif.org. RIF will contact you to finalize payment. Once payment is received, your book allocation will be uploaded into our online storefront.