**Book Angel Program**

U.S. & Canadian Children with vision loss, ages 0-21,
Register for **5 FREE** braille books each calendar year!

Formed in memory of Anna K. Bonde.
This program is made possible thanks to the generous support of our donors and funders.

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**REGISTRATION FORM**

Child’s information: (fields marked with an * are required.)

*First Name __________________________ *Last Name __________________________

*Home Address __________________________ *City __________________________

*St/Prov __________*Zip/Code __________ *Country __________*Age __________

*Phone __________________________ E-mail __________________________

*Ship to this address □

*Person submitting form __________________________ *Phone __________________________

*Relationship to child __________________________ E-mail __________________________

Agency/School (if appl.) __________________________ *Address __________________________

*City __________________________ *St/Prov. __________________________ *Zip/Code __________________________

*Ship to this address □

**Book Choices:** List 5 book choices from the Seedlings catalog.
3- & 4-volume books are not available through this program.

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<th>Choice</th>
<th>Catalog #</th>
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**Shipping:** Your books will be shipped via “Free Matter for the Blind” as time and materials allow.