



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.

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.

*1st Choice: Catalog # _____ Title _____
*2nd Choice: Catalog # _____ Title _____
*3rd Choice: Catalog # _____ Title _____
*4th Choice: Catalog # _____ Title _____
*5th Choice: Catalog # _____ Title _____

**Shipping: Your books will be shipped via "Free Matter for the Blind"
as time and materials allow.**



OR MAIL
FORM TO: →

REGISTER ONLINE AT: WWW.SEEDLINGS.ORG

SEEDLINGS BRAILLE BOOKS FOR CHILDREN
PO BOX 51924, LIVONIA, MI 48151-5924
INFO@SEEDLINGS.ORG



QUESTIONS?
CALL: 800-777-8552