**XXXX County Imagination Library**

**BOARD OF DIRECTORS**

**CONTACT INFORMATION**

Name:

Address:

City, State, Zip:

Cell Phone: Fax:

Work Phone: Home Phone:

Email:

Place of Work/Title:

\*\*Please attach a head shot and a short biography of yourself to be included with our official Board information (website, grant applications, etc.).

**Please identify potential donors (companies, individuals) from your networks:**

Family/Friends:

High School:

College/Grad School:

Current Job:

Previous Jobs:

Professional Organizations/Associations:

Business Associates (Vendors, Etc.):

Church/Religious:

Volunteer & Other Organizations:

Social Clubs/Sports:

Children’s Schools:

Children’s Activities:

**Please complete and email to [EMAIL] or fax to [NUMBER] or mail to [ADDRESS].**