What is Imagination Library?
Imagination Library means books in the hands of every young child to read and keep for their very own. It means parents, older brothers or sisters, grandparents, babysitters and others reading, talking and enjoying books together with the children in their lives.

Children enrolled receive a new, age-appropriate, hard cover book sent to them at their home each month. The program is offered to families at no cost.

Imagination Library is a partnership between United Way of Fort Smith Area and Dolly Parton’s Imagination Library. It is funded locally by individual donations from parents and other community members, corporate gifts, and special grants.

A child can be sponsored for $25 per year. United Way works to build community support for children during the formative years that influence their entire lives with the goal of helping all children be prepared for success in school and life.

Who is eligible?
Children from birth up to their fifth birthday living in Crawford, Franklin, Logan or Sebastian counties.

When will my child receive books?
After registering, the first book takes about eight to ten weeks to arrive at your home. Books will arrive monthly until the child’s fifth birthday.

What do parents/guardians need to do?
- Notify United Way directly anytime your address changes in order to continue receiving books.
- Read and have fun with the books and your child. The more you read with your child, starting at birth, the more your child learns and develops.
- Tell other parents about Imagination Library.
- Let your employer know that businesses can also donate to help support Imagination Library. Donations are greatly appreciated to help ensure continuation of this program.

For information, contact:
Carrie Terry
United Way of Fort Smith Area
Tel: 479-782-1311 Fax: 479-782-3505
Email: cterry@unitedwayfortsmith.org

United Way of Fort Smith Area supports Imagination Library in Crawford, Franklin, Logan and Sebastian counties.

Imagination Library Enrollment Form
(one form per child required)
Child’s Full Name (child must be younger than 5 years old)
______________________________

Child’s Date of Birth _____/_____/______ Gender M / F
Parent/Guardian’s Name
______________________________

Child’s Mailing Address
______________________________
City ______________________ State _____ Zip ________
Email ________________________________
Phone ________________________________

Send completed form to:
United Way of Fort Smith Area
120 North 13th Street
Fort Smith, AR 72901
Fax to: 479-782-3505

Make check payable to: United Way
I am eligible because I live in:
☐ Crawford County
☐ Franklin County
☐ Logan County
☐ Sebastian County

Parent/Guardian Signature
______________________________