



Donation Form

Donor Information (please print or type)

Name _____
Billing address _____
City, ST, Zip Code _____
Phone _____
Email _____

Donation Information

I (we) make a total donation of \$ _____ to be paid:

now monthly quarterly yearly.

I (we) plan to make this contribution in the form of:

cash check other

Gift will be matched by (company/family/foundation)

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s) _____

Date ___/___/___

Please make checks payable to: Albany Public Library Foundation PO Box 102 Albany, OR 97321