

Donation Form



Albany Public Library
2450 14th Ave SE
Albany, OR 97322

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 credit card 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

For more information please contact:

LaRee Dominguez

541-791-0112

laree.dominguez@cityofalbany.net

Please make checks payable to:
Friends of the Albany Public Library

*Donations can be made in the form of cash, check, credit card, appreciated securities or real property.