

Kindly Mail Your Donation to:

West Linn Library Foundation 1595 Burns Street West Linn, Oregon 97068

Thank you!

Last Name:

Tax ID # 26-4298649

First Name:

Address:

City:

State:

Zip:

Phone:

Email:

Please accept my tax deductible gift of:

□ \$100	□ \$250	□ \$500	□ \$1,000	□ \$2,500	□ \$5,000	□ Other:
•						

$\hfill\square$ Check payable to West Linn Library Foundation is enclosed

□ Check #

\Box Charge to corporate credit card

Credit card information

Name on card:

Card number:

Expiration date:

CVV: