



**Kindly Mail Your Corporate Donation to:**

West Linn Library Foundation

1595 Burns Street

West Linn, Oregon 97068

*Thank you!*

Tax ID # 26-4298649

**Company Name:**

Address:

City:

State:

Zip:

**Corporate Contact:**

First Name:

Last Name:

Phone:

Email:

Please accept our corporate tax deductible gift of:

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

☐ Check payable to West Linn Library Foundation is enclosed

☐ Check #

☐ Charge to corporate credit card

Credit card information

Name on card:

Card number:

Expiration date:

CVV: