

Salem Public Library Foundation **DONATION FORM**

Name(s): Include spouse if both should receive gift credit.

Address:

City

State

Zip

Telephone

e-mail

Enclosed is my contribution of \$ _____

To be used for:

- Where most needed
- Salem Reads
- Other: _____

This gift is made:

- In Celebration of: _____
- In Honor of: _____
- In Memory of: _____
- Please notify the following that a gift has been made.

Card #: _____

Exp: _____ Code: _____

I authorize my bank/credit card to process my gift. This authorization will remain in effect until I notify the Foundation that I wish to change or cancel my contribution.

Signature: (required)

Date: _____

I'd like to make this monthly.

Name:

Address:

City

State

Zip

- I/We wish to remain anonymous. (i.e. name will not be included in Foundation recognition or annual report.)
- My employer matches my gifts. Please contact me for information.
- I/We have listed Salem Library Foundation in my/our Will or estate plan.
- I/We would be interested in receiving information about Planned Giving to the Salem Library Foundation.

Mail completed form to:

Salem Public Library Foundation
P.O. Box 325, Salem, OR 97308

The IRS has determined that the Salem Public Library Foundation qualifies as a 501(c)(3) non-profit organization. Our Federal Tax ID is 93-0799658.