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Signature: (required) Date: I/We wish to remain anonymous. (i.e. my 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. Mail completed form to: Salem Public Library Foundation, P.O. Box 325, Salem, OR 97308	<ul> <li>You may increase or decrease the amount of your monthly contribution or discontinue your monthly gift any time you wish by emailing salemlibraryfoundaton@gmail.com.</li> <li>All gifts are tax deductible and the Salem Public Library Foundation's Tax ID number is #93-0799658.</li> <li>We never sell or share donor information with other organizations.</li> </ul>