

Donation Form

DONOR INFORMATION

Name((s):				
Addres	ss:				
City:_		, State:	Z	ip:	
Home	Phone:	Cell Phor	ne:		
E-mail	Address				
GIFT	AMOUNT & FUND				
	One-time gift of \$	to help the Li	brary		
(Optio	onal) This is a special gif In Memory of: In Honor of:				
Ple	ease send an acknowledge Name(s)	ement to the honore	e or nex	at of kin listed:	
	Address:City:	Sta	te:	Zip:	_
GIFT	PAYMENT				
	My check is enclosed payable to: The Library Foundation of Hillsboro This gift will be matched by my employer:				
ОТНЕ	ER INFORMATION				
	Please keep my gift anonymous. I understand that I will not be included in donor listing I would like to receive periodic emails about the foundation events and activities				
	I am interested in hearin The Foundation has bee			a legacy gift	

Please mail to:

The Library Foundation of Hillsboro 2850 NE Brookwood Parkway Hillsboro, OR 97124 -5252 x4451 – www.libraryfoundationhillsbo

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