



PO Box 1684  
Grants Pass, OR 97528  
541-476-0571

## Josephine Community Libraries Inc. Authorization Form

Name:

Phone number:

Address:

City/State:

Zip:

Please email completed authorization form to [info@josephinelibrary.org](mailto:info@josephinelibrary.org)

or by mail at:

Josephine Community Libraries

PO Box 1684

Grants Pass, OR 97528

### Select from the following options:

- YES!** Please share my contact information and/or donor history with Josephine Community Library District and Josephine County Library Foundation.
- YES!** Please share my volunteer history with Josephine Community Library District and Josephine County Library Foundation.
- YES!** Please share only my contact information with Josephine Community Library District and Josephine County Library Foundation.

By signing below, I authorize Josephine Community Libraries, Inc. to share my information with Josephine Community Library District and Josephine County Library Foundation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- NO!** Please **DO NOT** share my contact information or my donor history with Josephine Community Library District or Josephine County Library Foundation.