



200 NW "C" Street  
Grants Pass, OR 97526  
541-476-0571

### Monthly Donation Form

I would like to set up an  
**automatic monthly giving plan.**

Please fill in the information below and return  
along with your first month's check payable  
to Josephine County Library Foundation, Inc.

Name \_\_\_\_\_  
(as you would like to be recognized)

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

I would like my contribution automatically  
deducted each month from my checking  
account. Authorized amount withdrawn  
each month:

\$

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date