



200 NW C Street
Grants Pass, OR 97526
541-476-0571
foundation@josephinelibrary.org

Gift Donation Form

Gift Giver's Information:

Name _____
(as you would like to be recognized)

Phone _____

Address _____

City _____ St. _____ Zip _____

Email _____

Please acknowledge my donation by email.

Amount enclosed: \$

If you wish your donation to remain
anonymous, please check here:

Make check payable to JCLF
(Josephine County Library Foundation)

Gift Receiver's Information:

Name _____

Phone _____

Address _____

City _____ St. _____ Zip _____

Email _____