

## Beaverton Library Foundation Donation Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Please accept my tax deductible of gift of:***

\$10       \$25       \$50       \$100       \$500       Other

**My check is enclosed**

Make payable to \_\_\_\_\_ Check #: \_\_\_\_\_

**Charge My Credit Card**

*Credit card information*

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV: \_\_\_\_\_

**Mail this form to:**

Beaverton Library Foundation, PO Box 602, Beaverton, OR 97075

Thank you!

**Tax ID #93-1148843**

