

JOSEPHINE  
COMMUNITY  
LIBRARY   
FOUNDATION

PO BOX 1684 GRANTS PASS, OREGON 97528

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## 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 Community Library Foundation, Inc.

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NAME (as you would like to be recognized)

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PHONE

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MAILING ADDRESS

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CITY

STATE

ZIP

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EMAIL

***I understand that my contribution will be  
automatically deducted each month from  
my checking account.***

Authorized amount  
withdrawn **each month:**

\$

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SIGNATURE

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DATE