



# Mount Vernon Library Foundation

## ADOPT A PERIODICAL DONATION FORM

### DONOR INFORMATION

Name(s): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### GIFT AMOUNT & FUND

Choose one of the following:

- One-time gift of \$ \_\_\_\_\_

I wish to adopt the following Periodical(s):

- Periodical Name: \_\_\_\_\_  
 Periodical Name: \_\_\_\_\_

### GIFT PAYMENT

- My check is enclosed payable to the: **Mount Vernon Library Foundation**  
 Please charge my credit card (VISA, MasterCard, DISC or AmEx)

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

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### OTHER INFORMATION

- Please keep my gift anonymous. I understand that I will not be included in donor listings.  
 I would like to receive periodic emails about Library and Foundation initiatives and events.  
 I am interested in hearing about my options for leaving the Library a legacy gift.  
 The Library Foundation has been remembered in my will.  
 I would like to discuss alternative types of donations/planned giving.  
 I am interested in joining the Library Foundation. Please contact me with more information.

Please mail to:

**Mount Vernon Library Foundation**  
**PO Box 202 Mount Vernon, WA 98273**  
[info@mvlibraryfoundation.org](mailto:info@mvlibraryfoundation.org)

*Thank you for supporting the Mount Vernon Library Foundation.  
The Foundation is a 501(c)(3) charitable organization. All gifts are tax deductible to the extent allowed by law.*