



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

I wish to adopt the following Periodical(s):

- | | |
|---|---------------|
| <input type="checkbox"/> Periodical Name: _____ | Amount: _____ |
| <input type="checkbox"/> Periodical Name: _____ | Amount: _____ |
| <input type="checkbox"/> Periodical Name: _____ | Amount: _____ |
| <input type="checkbox"/> Periodical Name: _____ | Amount: _____ |
| TOTAL: _____ | |

PAYMENT

- My check is enclosed payable to the: **Mount Vernon Library Foundation**

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

*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.*