



# Donation Form

**Please make checks payable to:  
Coos Bay Public Library Foundation  
Mail to: 525 Anderson Ave.  
Coos Bay, OR 97420**

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Name(s): Include spouse or any name that should receive gift credit.

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Address:

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City State Zip

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Telephone and Email

Enclosed is my contribution of \$ \_\_\_\_\_

To be used for:

- Current need at Board discretion
- Endowment Fund
- Other: \_\_\_\_\_

This gift is made:

- This contribution is not a tribute gift.  In Celebration of: \_\_\_\_\_
- In Honor of: \_\_\_\_\_  In Memory of: \_\_\_\_\_
- Please notify the following that a gift has been made.

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Name:

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Address:

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City State Zip

- I/We wish to remain anonymous. (i.e. name will not be included in Foundation recognition or annual report.)
- My employer matches my gifts. Please contact me for information.
- I/We have listed Coos Bay Public Library Foundation in my/our Will or estate plan.
- I/We would be interested in receiving information about Planned Giving to the Coos Bay Public Library Foundation.