

Camas County Public Library Foundation Membership Application

Date: _____

Name: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please make checks payable to: Camas County Public Library Foundation

Membership Fees:

Donation: _____

____ Annual \$ 50.00

____ Lifetime \$1000.00

For Foundation Use Only

Check # _____ Amount _____ Gift _____ Date _____

Check # _____ Amount _____ Gift _____ Date _____

Check # _____ Amount _____ Gift _____ Date _____

Check # _____ Amount _____ Gift _____ Date _____

Check # _____ Amount _____ Gift _____ Date _____

Check # _____ Amount _____ Gift _____ Date _____