



1950 Marine Drive, West Vancouver, BC
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Donation Form

I want to make our Library the best.

Name _____

Address _____

Street

City

Province

Postal Code

E-mail _____ **Phone** _____

My donation is:

\$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

Please make cheques payable to:

West Vancouver Memorial Library Foundation

OR Please charge my: **Visa** **M/C** **AMEX**

Name on card _____

Card No. _____

Expiry date

Signature _____

YES, I would like a tax receipt (Donations over \$10)

I WISH to have my name appear on the Donor Board in the Library

I DO NOT WISH to have my name appear on the Donor Board in the Library

YES, I would like to receive the Foundation Newsletter by email