

Ventura County Library Monetary Donations

Date: Donor's Name: _				
Donor's Phone Number Mailing Address:		Donor's Email		
A 1 1		o, if different fro		
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I would like to s	_	-	go to:	
□ Ventura Count	y Library S	ystem		
<u>-OR-</u>				
To a specific lib □Albert H. Soliz I □Avenue Library □E. P. Foster Lib □Fillmore Library □Hill Road Librar	Library control contro	□Meiners Oaks I □Mobile Library □Oak Park Libra □Oak View Libra	_ibrary	□Piru Library □Ray D. Prueter Library □Saticoy Library □e-Library Databases
In support of: □Adult Materials □Children's Mate		⊒Library Prograr ⊐READ Adult Lit	•	
Comments:				
Signature of Donor Signature of Library	Staff (if app	licable)		
deposited in a me	emorial/gift anch of you	account for the	use of the	Il donation. Your donation will be Ventura County Library System ased with your donation will be

Your generosity is greatly appreciated!

Please complete this form and mail it with your check to: Ventura County Library, Attn: Fiscal Services, 5600 Everglades Street, Suite A, Ventura, CA 93003 or return it in person to a <u>library</u>

<u>branch.</u> You may also <u>donate online with a credit card</u> .	
Office Use Only (Please print)	
Staff comments/initials:	
Instructions for staff only: Brown Mail #4252 to VC Library Administration Office, Attn: Fiscal Services	