



Literacy Council for Josephine County
106 NW "F" Street #18
Grants Pass, OR 97526
541-472-0355

Monthly Donation Form

I would like to set up an

automatic monthly giving plan.

Please fill in the information below and return along with your first month's check payable to Literacy Council for Josephine County.

Name _____
(as you would like to be recognized)

Phone _____

Mailing Address _____

City _____ St. _____ Zip _____

Email _____

I would like my contribution automatically deducted each month from my checking account. Authorized amount withdrawn each month:

\$

Signature

Date