

PRINTABLE DONATION FORM



Please send completed form to:
Burlingame Library Foundation, 480 Primrose Rd, Burlingame, CA 94010

First:

Last:

Street:

City:

State:

Zip:

Email:

Donation Amount:

\$

Payment Type: (circle one)

Credit Card - OR - Check

Credit Card Information:

Credit Card Number:

Expiration Date:

CSV:

If your employer matches charitable donations please have any necessary forms sent to info@burlingamelibraryfoundation.org.

THANK YOU FOR YOUR DONATION TODAY! YOUR SUPPORT
ALLOWS THE BURLINGAME PUBLIC LIBRARY TO PROVIDE
AN EXCEPTIONAL EXPERIENCE TO ALL WHO VISIT.