



**ROGUE VALLEY
GENEALOGICAL SOCIETY**
P.O. Box 1468 Phoenix, Oregon
97535-1468
(541)512-2340

Donation Land Claim Request

(979.5/L142/Oregon)

Your Name _____

Your Mailing Address: _____

City _____ State _____ ZIP _____

E-Mail address _____ Phone Number _____

Name of Person for Whom an Abstract of the Donation Land Claim is Requested

Please include a check made payable to RVGS for \$10.00 to receive a map and the accompanying legal description of the land.

Include a self-addressed, stamped envelope.

***For office use only**

Date Received & Logged by

Assigned to

Date Mailed

Comments

Date Received & Logged by	Assigned to	Date Mailed	Comments