

RIVER FALLS LIBRARY FOUNDATION ANNUAL MEMBERSHIP

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_ (\$5.00) Individual

\_\_\_\_\_ (\$15.00) Family

\_\_\_\_\_ (\$) Additional Gift

I would like to give a gift in memory of \_\_\_\_\_

I would like to give a gift in honor of \_\_\_\_\_

\_\_\_\_\_ Total

Please make checks payable to: River Falls Library Foundation, PO Box 592, River Falls WI 54022

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