

Membership, Donation, Special Gift Form

Name:		
Address:		
Email:	Phone:	
Membership fee: \$10		
Would you like to make a donation?		
\$20 \$50 \$1	\$200	Other
Special 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 the *River Falls Library Foundation*. Drop off at Library or mail to:

RIVER FALLS LIBRARY FOUNDATION PO BOX 592 RIVER FALLS WI 54022