

I/We would like to support the library and be  
a Friend: \_\_\_\_\_ renewal \_\_\_\_\_ new

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

( to be used for Friends updates)

I/We wish to be a Friend at the following  
level: (tax deductible)

Bookworm (student/senior 65+)	_____	\$5
Book Lover (individual)	_____	\$10
Book Collectors (family)	_____	\$20
Bibliophile	_____	\$50
Pulitzer Prize	_____	\$100
Business	_____	
Donation/Memorial	_____	

Membership year is Jan. 1 to Dec. 31

Volunteer Opportunities of interest to me:

\_\_\_\_\_ Special Events  
\_\_\_\_\_ Board of Directors  
\_\_\_\_\_ Celebrity Reader  
\_\_\_\_\_ Indoor Plant Care  
\_\_\_\_\_ Library Gardens  
\_\_\_\_\_ Other

Please make your check payable to:

**Friends of the Waverly Public Library**  
1500 West Bremer Avenue  
Waverly, IA 50677-3299

FOR OFFICE USE ONLY:

\_\_\_\_\_  
Date recorded