

I/We will support the library and be a
Friend of the Waverly Public Library:

Renewal New

Names: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

(For Friends Newsletter & Updates)

Level of Support:

*Membership year is Jan. thru Dec.

\$10 \$25 \$50
 \$100 \$250 Other

In Memory of/In Honor of:

Volunteer opportunities of interest:

Special Events Celebrity Reader
 Friends' Board 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:

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