

I/We would like to support the library & be a member of **Friends of the Waverly Public Library**:

Names: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____

Email: _____

Level of Support:

___ 10 ___ 40* ___ 75

___ 100 ___ 250 _____ Other

*(in honor of 40th Anniversary of Friends)

In Memory of: _____

In Honor of: _____

___ Willing to serve on the Friends of the Library Board

*Please make your check payable to:

Friends of the Waverly Public Library

1500 West Bemer Avenue

Waverly, IA 50677-3299

FOR OFFICE USE ONLY

Date Recorded: _____

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