I/We would like to support the library & be a member of Friends of the Waverly Public Library:  Names:	I/We would like to support the library & be a member of <b>Friends of the Waverly Public Library:</b> Names:	I/We would like to support the library & be a member of <b>Friends of the Waverly Public Library:</b> Names:
Address:	Address:	Address:
City:	City:	City:
State:Zip:	State:Zip:	State:Zip:
Phone #:	Phone #:	Phone #:
Email:	Email:	Email:
Level of Support: 10 40* 75	Level of Support: 10 40* 75	Level of Support: 10 40* 75
100 250 Other	100 250 Other	100 250 Other
*(in honor of 40th Anniversary of Friends)	*(in honor of 40th Anniversary of Friends)	*(in honor of 40th Anniversary of Friends)
In Memory of:	In Memory of:	In Memory of:
In Honor of:	In Honor of:	In Honor of:
Willing to serve on the Friends of the Library Board	Willing to serve on the Friends of the Library Board	Willing to serve on the Friends of the Library Board
*Please make your check payable to:	*Please make your check payable to:	*Please make your check payable to:
Friends of the Waverly Public Library	Friends of the Waverly Public Library	Friends of the Waverly Public Library
1500 West Bemer Avenue	1500 West Bemer Avenue	1500 West Bemer Avenue
Waverly, IA 50677-3299	Waverly, IA 50677-3299	Waverly, IA 50677-3299
FOR OFFICE USE ONLY Date Recorded:	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
DATE RECUMEN.	DATE RECUTOEN.	DATE RECORDED.