

PLEASE MAIL THIS PORTION WITH YOUR MEMBERSHIP DUES

Friends of Marshalltown Public Library

36 North Center Street • Marshalltown, IA 50158

Name _____
Address _____
City _____
Phone _____
E-mail _____

Please indicate your membership category:

- Individual\$5.00
- Family\$10.00
- Supporting....\$25.00
- Sustaining...\$100.00
- Lifetime\$250.00
- Corporate ...\$500.00
- Other _____

Are you interested in any of the following volunteer opportunities?

- Annual Booksale
- Fundraising
- Friends Board

For Friends Use Only	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check # _____	

KEEP THIS STUB FOR YOUR RECORDS

Friends of Marshalltown Public Library

Name _____

Date _____

Method of Payment:

Cash \$ _____

Check \$ _____

Check # _____

Friends is a 501(c)(3) organization.
Your contribution is tax-deductible.