



Friends of the Fitchburg Library Friendship Form

Friendship Year: July 2016 through June 2017

CONTACT INFORMATION

First Name: _____ Last Name: _____

Organization: (if applicable) _____

Street Address: _____ City: _____

Zip: _____ Email Address: _____

We prefer to contact our Friends personally. However, when distributing announcements it is more efficient to do so electronically.

Phone Number (please provide at least one number:

Home: _____ Work: _____ Cell: _____

FRIENDSHIP LEVEL

- \$5 Student
 \$10 Novel
 \$25 Bestseller
 \$50 Classic
 \$100 Masterpiece
 \$_____ Optional Additional Donation

_____ \$ **Total Payment Enclosed**

PHOTO RELEASE

I understand that the Friends of the Fitchburg Library may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

Make checks payable to the Friends of the Fitchburg Library.

Mail this form and your check to:
Friends of the Fitchburg Library, Inc.
5530 Lacy Road
Fitchburg, WI 53711

Signature

Date