

Please enroll me in the Friends of the Moline Public Library

\$ _____ Member \$5 - \$49
\$ _____ Associate \$50 - \$99*
\$ _____ Partner \$100 or more*

*Check this box if you prefer not to be publicly acknowledged for your support

Name _____

Address _____

City _____ State _____ Zip _____

I would like to be involved with:

___ Volunteer in Friends' Sale Room ___ Special Events ___ Other (include note)

Phone _____ Email _____

Please make check payable to: **Friends of Moline Public Library.**

And Mail to:

P.O. Box 1201

Moline, IL 61266-1201

web