



Friends of Fitchburg Library

Friendship Form

Friendship Year is July 1st of current year to June 30 of the following year

First Name: _____ Last Name: _____

Organization (if appli.): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address #1: _____ Email Address #2: _____

We prefer to contact our Friends personally. However, when distributing announcements it is most cost-effective to do so electronically. Please enter two email addresses if you wish additional members of your household to receive announcements.

Phone Number (please provide at least one number)

Home: _____ Work: _____ Cell: _____

Friendship Level

	Individual		Family		Business
\$10	<input type="checkbox"/>	\$30	<input type="checkbox"/>	\$100	<input type="checkbox"/>
\$25	<input type="checkbox"/>	\$50	<input type="checkbox"/>	\$250	<input type="checkbox"/>
\$50	<input type="checkbox"/>	\$75	<input type="checkbox"/>	\$500	<input type="checkbox"/>
\$100	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$_____ (other)	

Total Payment Enclosed \$ _____

(Make checks payable to Friends of Fitchburg Library, Inc.)

Mail this form and your check to:

Friends of Fitchburg Library, Inc.
5530 Lacy Road
Fitchburg, WI 53711

Photo Release

I understand that the Friends of 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.

(Signature)

(Date)