

RIVER FALLS LIBRARY FOUNDATION ANNUAL MEMBERSHIP

Name(s) _____

Address _____

Phone _____

_____ (\$5.00) Individual

_____ (\$15.00) Family

_____ (\$) Additional Gift

I would like to give a gift in memory of _____

I would like to give a gift in honor of _____

_____ Total

Please make checks payable to: River Falls Library Foundation, PO Box 592, River Falls WI 54022

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