

WHITE COUNTY PUBLIC LIBRARY FRIENDS FOUNDATION, INC.

MEMBERSHIP FORM

NAME(S) _____

MAILING ADDRESS _____

PHONE (DAY) _____ (EVENING) _____

E-MAIL ADDRESS _____

Membership Library

(Half of your membership fees will go to the library fund indicated on this form.)

___ Baldwin Memorial Library (Judsonia)

___ Bradford Public Library

___ Goff Public Library (Beebe)

___ Lyda Miller Public Library (Bald Knob)

___ Pangburn Public Library

___ Rose Bud Public Library

___ Searcy Public Library

___ No designation (All will go to the Friends Foundation general account.)

Annual Membership Categories

___ Sustaining \$120 or more per year OR \$10/month via online donation

___ Business \$50

___ Family \$25

___ Individual \$15

___ Senior Citizen (65+) \$10

___ Student (to age 22) \$10

Please Check One:

New Membership _____

Renewal Membership _____

___ I am enclosing a check for \$_____ to cover the membership category checked above.

___ In addition, I am including a contribution of \$_____ to the membership library checked above.

___ My employer matches employee contributions.

Name and address of employer: _____

MAKE CHECKS PAYABLE TO WHITE COUNTY PUBLIC LIBRARY FRIENDS FOUNDATION, INC. MAIL TO:

WHITE COUNTY PUBLIC LIBRARY FRIENDS FOUNDATION, INC. 113 E. PLEASURE AVE. SEARCY, AR 72143

The WCPL Foundation is a 501(c)(3) organization and your donation is deductible to the full extent allowable by law. Our EIN is 46-5116537.

Would you be interested in serving as a volunteer? If so, indicate the type of activity.

___ fundraising event

___ promotional event (ex. Fair booth or community event)

___ book sale event

___ special library program event

For more information, please call (501) 279-2870 ext. 24 or E-mail: Darla.Ino@Arkansas.gov