

YES! I would like to become a Friend of the Library

Name(s) _____

Email _____

Phone _____
Home Cell

Mailing Address _____

City _____ State _____ Zip _____

Full time resident Yes No

Part time Dates: Month _____ To Month _____

I have enclosed my \$5.00 family annual membership fee.

I also wish to donate: \$ _____

In general support: _____

In Memory of: _____

In Honor of: _____

Please acknowledge my gift to:

**Please make checks payable to:
Friends of the Elk Rapids District Library**

The Friends of the Elk Rapids District Library is a 501(c)3 nonprofit organization and donations to it are tax-deductible to the extent allowed by law.

**FRIENDS
OF
THE ELK
RAPIDS
DISTRICT
LIBRARY**

Thank you for joining the Friends of the Elk Rapids District Library!

I/we wish to join but do not wish to volunteer at this time.

I/we would be interested in:

The Book Cellar Special Events Membership Committee

Fundraising Committee Public Relations Committee

Serving on the Board of Directors

A program suggestion is: _____

FRIENDS OF THE ELK RAPIDS DISTRICT LIBRARY

Our Mission:

In a spirit of collaboration and service, the dedicated volunteers of the Friends of the Elk Rapids District Library are committed to enhance and enrich the Elk Rapids District Library.

We invite you to join us!



300 Isle of Pines
PO Box 337
Elk Rapids, MI 49629

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Elk Rapids District Library**

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