

Friends of the Presque Isle Community Library Membership Form

Name _____

Mailing Address _____

City, State, Zip _____

Email address _____

_____ Student \$5 _____ Individual \$15 _____ Family \$25 _____ Lifetime \$1000

Additional donation to support the library _____ Total enclosed _____

New? _____ Renewal? _____

Please make your checks payable to **Friends of the Presque Isle Community Library or FOL**
Return with this form to: **P.O. Box 200, Presque Isle WI 54557**

**We thank you sincerely for your support and welcome your suggestions.
Your contributions to our 501(c)(3) organization are tax deductible.**