

BE A FRIEND!

Join the Friends—Please complete this form and send with check payable to:

*Friends of the Brown County Library
515 Pine St., Green Bay, WI 54301*

Name(s) — Adult:

Name(s) — Children:

Address _____

City _____ State ____ Zip _____

Email _____

Phone _____

Yes, I'd love to learn more about volunteering.
Please contact me by Phone Email.

Please check one:

- \$20 One Year Household Membership
- \$85 Five Year Household Membership

Yes, I'd like to make an additional contribution to the Friends in the amount of \$ _____.

Contributions are tax deductible according to law.