

We **NEED** your support... become a **FRIEND** & support Whitman County Library

Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Phone _____

_____ Friends Membership

Make checks to Friends of WCL

To support _____ branch.

_____ WCL Foundation support

Make checks to WCL Foundation

Thank you for your tax-deductible contribution!

Mail check & this form to:

Attn: Peggy Bryan

Whitman County Library

102 S. Main

Colfax, WA 99111

___ If you would **NOT** like your name to be used for promotional purposes, please mark here.

Membership levels:

_____ \$5 Volunteer

_____ \$10 Basic

_____ \$15 Supporter

_____ \$25 Advocate

_____ \$50 Major

_____ \$100 Premier

_____ \$1000 Lifetime Membership

_____ \$ Donation without membership _____ \$ Support the Elevator Fund