

**I WOULD LIKE TO CONTRIBUTE \$** \_\_\_\_\_

The Friends of the St. Croix Falls Public Library is a not-for-profit 501(c)(3) organization. Your gift is fully tax deductible as allowed by law.

Name(s) as you would like it (them) to appear in our annual report

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

We value your privacy. The Friends does not rent, sell, trade or share your name or contact information.

### PAYMENT METHOD

- My check (payable to The Friends of the St Croix Falls Public Library) is enclosed
- Please charge my: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AmEx
- I want to be a Sustaining Friend. Please charge my credit card ongoing monthly contributions of \$ \_\_\_\_\_ beginning (month and year) \_\_\_\_\_ / \_\_\_\_\_

You can stop monthly payments at any time. Simply call us at 715-483-1777, email us at friends@scfpl.org or write to us at: 230 S Washington St., St. Croix Falls, WI 54024

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorization Signature \_\_\_\_\_ CVV2 Code \_\_\_\_\_

### MEMBERSHIP LEVEL

- Story: up to \$49
- Novel: \$50-99
- Bestseller: \$100-499
- Classic: \$500-999
- Fairy Tale: \$1,000 and above
- I would like my contribution to be anonymous.
- My employer's matching gift form is enclosed.
- Please contact me about including The Friends in my will or estate plan.



[www.scfpl.org/friends](http://www.scfpl.org/friends)

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