



Friends of the Kalamazoo Public Library Membership Form

Membership level

- \$15 Individual
- \$25 Family
- \$50 Supporter
- \$75 Patron
- \$100 Benefactor
- Other amount: _____

Check here if you would like your gift to remain anonymous.

Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please return with a check made payable to FKPL to:

Friends of the Kalamazoo Public Library
315 South Rose Street
Kalamazoo, MI 49007

Thank you for your support!