

FRIENDS OF THE PICKFORD COMMUNITY LIBRARY

Annual Partnership Declaration

Name(s): _____
Address: PO Box: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____-_____ email: _____(not shared)

May we contact you about various volunteer opportunities throughout the year? YES NO
Do you have strengths and/or resources you would feel comfortable sharing? YES NO

Tell us more! _____

Would you consider serving on the FPCL Board? YES NO
Monthly meetings are the 3rd Thursday at the Pickford Community Library - public welcome.
For more information seek **www.pickfordlibrary.org** or call **(906) 647-1288**.
Contact the Treasurer Becky Bawks at **(906) 630-1999** or at **becky.bawks@yahoo.com**.

Partnership Levels - To be displayed proudly in our library.

- Storyteller level (\$10-\$49)
- Novelist level (\$50-\$99)
- Bestseller level (\$100-\$499)
- Classic level (\$500-\$999)
- Epic level (\$1000 and above)

For the display: _____ Name _____ Business _____ In Honor of or _____ In Memory of; or _____ Anonymous

Amount of Donation \$ _____ Cash or Check # _____

If paying by cash or check please drop off at the Pickford Community Library or drop in the mail.
Attn: Partnership Chair, P.O. Box 272, Pickford, MI 49774

Debit/Credit <https://www.oldmissionbank.com/quick-and-simple/> Scroll down to click our logo.

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- Amount Received \$ _____ cash, check # _____, online _____ by: _____
 - Date of Data Entry _____ by: _____
 - Thank You Mailed _____ by: _____