



# Friends of the Milwaukee Public Library Membership Donation

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_  
*Preferred Title (Mr., Ms., Mrs., etc.)* *Your Name*

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_  
*Preferred Title (Mr., Ms., Mrs., etc.)* *Spouse (for couple/Special Edition level or above)*

**Street Address** \_\_\_\_\_

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

**Phone** (please indicate day, evening or cell) \_\_\_\_\_

**E-mail** (to be informed about upcoming events) \_\_\_\_\_

**Please check:**       **New Membership**       **Renewing Membership**

**If this is a gift membership, please complete the following information for the recipient:**

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_  
*Preferred Title (Mr., Ms., Mrs., etc.)* *Name*

**Title** \_\_\_\_\_ **Name** \_\_\_\_\_  
*Preferred Title (Mr., Ms., Mrs., etc.)* *Spouse (for couple/Special Edition level or above)*

**Street Address** \_\_\_\_\_

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

**Phone** (please indicate day, evening or cell) \_\_\_\_\_

**E-mail** (to be informed about upcoming events) \_\_\_\_\_

**Reason for purchasing a gift membership:** \_\_\_\_\_

**Membership Level**

- Epic \$1,000 and above       Masterpiece \$500       Classic \$250
- Bestseller \$150       Novel (couples) \$70       Bookworm (individual) \$40
- Other Amount \$ \_\_\_\_\_

*If paying by check, please make check payable to "MPL Foundation."*

Visa       Mastercard

|                                   |             |                 |
|-----------------------------------|-------------|-----------------|
| Name as it appears on credit card | Card Number | Expiration Date |
|-----------------------------------|-------------|-----------------|

**Mail form to:** Friends of MPL | 814 W. Wisconsin Ave. | Milwaukee, WI 53233