



FRIENDS OF THE BROOKS LIBRARY

Membership/Renewal application | Donation

Name _____

Spouse/Partner's Name _____

Address _____

City _____

State, Zip Code _____

Email _____

Membership (includes spouse/partner)

(Choose One)

- ☐ Annual Membership \$25 \$ _____
- ☐ 1-year Membership with
Brooks Library card \$50 \$ _____
- ☐ Lifetime membership with
Brooks Library card \$500 \$ _____

Donation

Yes, I will support the Friends of the Library today!

I understand my gift will support the Library Endowment Fund.

Amount of gift: \$ _____

Total enclosed: \$ _____

- ☐ I am enclosing my check in the above amount.

Checks should be made payable to CWU Foundation and addressed to CWU Brooks Library, 400 E. University Way, Ellensburg, WA 98926-7508.

- ☐ I will visit cwu.edu/give/library and complete my transaction by credit card.