



- Yes, I want to become a Friend of WKU Libraries & Museum!
- I am a teacher and would like to become a Friend of WKU Libraries & Museum at the reduced rate of \$25 per year.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred E-mail: _____

Employer: _____

WKU Graduate? Yes No

- My employer will match this contribution – enclosed is the proper form.
- I would like information on resources available through WKU Libraries and Museum.
- I would like information on volunteer opportunities that are available.
- Please contact me with information about how I may include University Libraries in my estate plans.

METHOD OF PAYMENT

- Check *(Please make checks payable to the WKU Foundation)*
- Credit Card Visa Mastercard Discover American Express
- Card Number: _____ Exp. Date: _____
- Signature: _____ Date: _____
- Bank Draft – Monthly Withdrawal \$ _____ *(Transfers are made by the 10th of each month)*
- Month deductions are to begin: _____ *(please enclose voided check)*

Please return completed form to: WKU Foundation, 1906 College Heights Blvd., Bowling Green, Kentucky 42101-1000