



Friends of Lacey-Keosauqua State Park

Membership & Donation Form

Name: _____ Address: _____
City/State/Zip: _____
Phone: _____ Email: _____

Annual Membership Dues	Optional Donation
Single: \$5 Family: \$10	Your Contribution is Tax Deductible
Amount Enclosed: _____	Amount Enclosed: _____

Print and Mail to: Friends of Lacey - Katie Nichols, Secretary – 701 Van Buren St. – Keosauqua, IA 52565

Thanks For Your Support!

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(Here's a Another Copy for a Friend)



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