**2019 Hoopla Contribution Form for Member Libraries**

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| --- | --- |
| Library name: |  |
| Library code: |  |
| Billing address: |  |

Primary contact

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |
| Email: |  |

Please bill the above library in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to contribute to the costs of Hoopla for 2019.

Payment is due within 30 days of receiving the invoice.

**Acknowledgement**:

On behalf of my Library, I hereby certify that I have the authority to enter into this Agreement and my signature below indicates my Library’s agreement and acceptance of the above purchase.

By (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit completed form to Nora Burrows via delivery or at nburrows@flls.org.