



LIBRARY OF MICHIGAN  
FOUNDATION

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**CONTACT**

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**SHARE YOUR LIBRARY STORY  
WITH US TODAY!**

**CONTACT**

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Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Dear Local Librarian,

We would love to learn of the successes you are having at your local library and to share them with stakeholders throughout the State of Michigan. We believe the work you are doing is critically important and want others to be aware. Would you be willing to share a story with us that we can use in print/electronic materials?

**STORY**

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**CONSENT TO PUBLISH**

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I hereby give my consent for the Library of Michigan Foundation permission to share my story, my name, and the name of the library.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date