[Your organization's letterhead]

Traverse des Sioux Library System
1400 Madison Ave Suite 610
Mankato MN 56001

RE: Minnesota Library Association Membership Grant

I support the application of [name of employee] for a grant to help cover the cost of an individual membership in the Minnesota Library Association for [current year]. I understand that the membership must be paid for in advance and that Traverse des Sioux Library System will reimburse up to $140 of the cost upon receipt of a Request for Reimbursement with copy of the membership receipt attached.

[Signature and date]
[Name of library director or school principal]
[Name and address of member library]