



Please Return To: Friends of the Sullivan County Library, PO Box 485, Dushore, PA 18614

Name(s): _____

Address: _____

Phone: _____ Date: _____ Email: _____

Please return this membership form with payment. Membership is **\$5** for each person. Additional names may be added above.

Total membership amount: \$ _____ Donation to the Friends: \$ _____

Please make check payable to: Friends of the Sullivan County Library.

____ I would like to participate in Friends' activities

____ I would like to volunteer at the Sullivan County Public Library

The Friends of the Sullivan County Library is a 501(c)3 nonprofit organization and membership contributions are fully tax deductible as allowed by law.
