



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.

Membership _____ X \$5.00= _____

Donation _____

Amount Enclosed _____

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

_____ I am interested in volunteering for the following event(s):

_____ Spring Tea

_____ Trunk or Treat

_____ Christmas is Dushore

_____ Winterfest

_____ Bowhunter's Festival

_____ PowWow

_____ Book Sale

_____ Founder's Day

_____ Murder Mystery

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.

