

ANNUAL MEMBERSHIP APPEAL

Friends of the Sullivan County Library

Name(s) _____

Address _____

Phone Number _____ Email _____

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

Membership _____ x \$5 = _____

Donation _____

Amount Enclosed _____ Date _____

Please make check payable to: Friends of the Sullivan County Library
Return to: Friends of the Sullivan County Library, P.O. Box 485, Dushore, PA 18614