

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

VOLUNTEER INTEREST

Friends of the Sullivan County Library

Name _____

Phone Number _____ Email _____

I am interested in volunteering for the following: (please circle all that apply)

- | | | |
|-----------------------|------------------------------|----------------------|
| Spring Tea | Trunk or Treat | Christmas in Dushore |
| Grinduro | Bowhunters Festival | PowWow |
| Duck Derby | Founder's Day | Murder Mystery |
| At-Large Board Member | Little Free Library Projects | |

Return this card with your membership.