

FRIENDS OF THE LIBRARY

YES, I WOULD LIKE TO JOIN/RENEW
MY MEMBERSHIP

YES, I AM ALSO INTERESTED IN
VOLUNTEERING MY TIME

CHECK ONE:

PLEASE CHECK _____

_____ Individual Membership \$10

**** (Make checks payable to
Friends of the Library.)**

_____ Family Membership \$25

_____ Patron \$100

Name _____ Phone _____

Address _____

Email _____

Return to the Harrisburg District Library at 2 West Walnut Street OR

Mail to: Friends of the Harrisburg District Library

P.O. Box 805

Harrisburg, IL 62946