

I WANT TO BE A FRIEND!

Enclosed is my check for \$_____

Payable to Friends of the Degenstein
Community Library.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

(optional)

NEW:

RENEWAL:

GIFT:

Annual dues are \$10.00.

Membership runs from January 1 to December 31.

Please tell us how you can help:

- FUNDRAISERS
- TELEPHONING
- WORK AT EVENTS
- PRE-BOOK SALE SORTING
- BOOK SALE
- NEWSLETTER
- OTHER (please specify)

MAIL TO:

FRIENDS OF THE DEGENSTEIN LIBRARY
PO BOX 145
SUNBURY, PA 17801