

New or Renewal (Please circle one)

Date _____

I want to become a FRIEND of the Library!

Name

Address

City

State _____ ZIP _____ Phone _____

Email

Membership Level:

___ \$12 Individual: minimum requested ___ \$25 Family: minimum requested ___ \$25 Friend

___ \$50 Sponsor ___ \$100 Patron ___ \$500 Business ___ Other

Cash or check # _____ (Circle one)

Please make checks payable to:

Friends of the Township Library of Lower Southampton
1983 Bridgetown Pike
Feasterville, PA 19053

___ *Yes!* I want to volunteer to work at
FRIENDS' events.

___ *Yes!* I want to volunteer to serve on a
FRIENDS' committee.

___ *No, I am unable to volunteer at this time.*

Your membership is tax-deductible to the extent allowed by current tax laws.

Staff Name: _____

Staff: Please Make 3 Copies