

# I WANT TO BE A FRIEND OF THE LIBRARY

Dated \_\_\_\_ 20 \_\_\_\_

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

I would like to volunteer some of my time to help the Friends of the Library.

Annual Student  
\$3.00 or more

Annual Individual  
\$5.00 or more

Business  
\$25.00 or more

Life Member  
\$100.00 or more

Benefactor  
\$500.00 or more

Take or Mail (including dues) to:  
FRIENDS OF THE LIBRARY  
GARLAND COUNTY LIBRARY  
1427 MALVERN AVE.  
HOT SPRINGS, AR 71901

**YOUR DONATION IS  
TAX DEDUCTIBLE**