

I WANT TO BE A FRIEND OF THE LIBRARY!

Name (Print) _____

Address _____

City/Zip _____

Telephone _____

- I would like to volunteer some of my time to help the library.

**Take or Mail (including dues) to:
FRIENDS OF THE LIBRARY
GARLAND COUNTY LIBRARY
1427 MALVERN AVENUE
HOT SPRINGS, ARKANSAS 71901**

Dated _____ 20__

- 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

**YOUR DONATION IS
TAX DEDUCTIBLE**