

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 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**