

**Friends of the Ross Library
Membership Application**

Yes, I want to be a Friend of the Ross Library!
Enclosed is my tax-deductible membership contribution of:

- _____ \$10 Individual
- _____ \$25 Family
- _____ \$50 Patron
- _____ \$100 Individual Life
- _____ \$150 Couple Life

_____ I would like to make an additional contribution of \$ _____.

_____ Please call me. I am interested in volunteering time to help the Friends.

Name: _____

Address: _____

Phone: _____

Please make check payable to: **Friends of the Ross Library**

Send to:

**Friends of Ross Library
232 W. Main St.
Lock Haven, PA 17745**

Thank you for for your support!