

Dues are
tax-
deductible!


Friends
Lewes Public Library

MEMBERSHIP

Valid 7/1/23 through 6/30/24

Name

Mailing Address

City

State

Zip

E-mail

Daytime Phone

I am interested in getting involved!

☐ Book Shop ☐ Book Sale ☐ Board of Directors ☐ Events

Please check appropriate box:

☐ \$25 - Individual

☐ \$100 - Benefactor*

☐ \$50 - Family

☐ \$250 - Conservator*

☐ \$75 - Patron

☐ \$1,000 - Lifetime Member*

** Eligible for Membership
Gift Voucher*

☐ Other \$ _____

☐ **Add \$100 to reach our goal!**

Please consider
an additional
**\$43 to Celebrate
43 Years of the
Friends!**

Check payable to:

Friends of Lewes Public Library

OR

Bill my credit card in the amount of \$ _____

Signature _____

Card # _____

Exp. date _____ Security Code: _____