

Dues are  
tax-  
deductible!



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## MEMBERSHIP

Valid 7/1/24 through 6/30/25

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**Name**

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**Mailing Address**

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**City**

**State**

**Zip**

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**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 - Friends' Champion\*

*\* Eligible for Membership  
Gift Voucher*

Other \$ \_\_\_\_\_

**Check payable to:**

**Friends of Lewes Public Library**

**OR**

Bill my credit card in the amount of \$ \_\_\_\_\_

Signature \_\_\_\_\_

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ Security Code: \_\_\_\_\_