

Dues are
tax-
deductible!



Friends
Lewes Public Library

MEMBERSHIP

Valid 7/1/25 through 6/30/26

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 - Friends' Champion*

** Eligible for Membership
Gift Voucher*

Other \$ _____

Please consider an additional
\$45 to Celebrate 45 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: _____