

Friends of the Library at Jackson Membership Form

I would like to become a Friend of the Library Regional Library at Jackson.

Enclosed are my dues of

_____ \$5.00 (Individual) _____ \$10.00 (Family) _____ \$100 (Lifetime Individual)

Please make check payable to Friends of Riverside Regional Library – Jackson.

Mail to: Friends of the Library – Jackson, PO Box 189, Jackson, MO 63755

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – home: _____ cell: _____

E-mail: _____

Friends of the Library at Jackson Donation Form

I would like to make a gift of \$_____

_____ in memory of _____

_____ in honor of _____ occasion _____

Please make check payable to Friends of Riverside Regional Library – Jackson.

Mail to: Friends of the Library – Jackson, PO Box 189, Jackson, MO 63755

Send an acknowledgement of gift and its occasion to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____