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: ________________