Friends of the Charles P. Jones Memorial Library—Annual Membership Form

If you would like to become a Friend of the Charles P. Jones Memorial Library, please fill out the annual membership contribution form. Select a tax deductible check/cash

	ount and return this form to the library. It is w or your support!	ith help from caring cit	izens like you that we continue to provide valual	ble programs and services through the library
Indi	ividual Membership (\$5.00)		Gold Membership (\$75.00)	
Fam	uily Membership (\$10.00)		Platinum Membership (\$100.00)	
Bron	nze Membership (\$25.00)		Other Contribution Amount \$	
Silve	er Membership (\$50.00)			
I would like to attend monthly Friends meetings on the 3 rd Tuesday of each month.				
I want to be a Friend, but cannot attend meetings Please contact me to help with Friends projects.				
Name				
Address				
Phone Numb	бег Еп	nail Address		

^{**} Please return Annual Membership form and Membership dues to the Library. **

 $^{^{**}}$ If you have any questions, please contact the Charles P. Jones Memorial Library at 962-3321. **

^{**} Friends of the Charles P. Jones Memorial Library \bullet 406 W. Riverside Street \bullet Covington, VA 24426 **