



FOUNDATION

Friends of the Library Membership Application

Name: _____ **Date:** _____

Mailing or Email Address: _____

Phone: _____ **Preferred Contact Method:** _____

Home Library Branch (if applicable): _____

Membership Level (check one):

- \$10** Agatha Christie (under 18 or over 62 years of age)
- \$15** O. Henry
- \$25** Ian Fleming
- \$50** Jane Austen
- \$100** Shakespeare

One-Time Donation: \$_____

Optional dedication language:

In the name of _____

In memory of _____

In honor of _____

Memberships are annual and renew one year from the application date.

Make checks payable to: Ozark Regional Library Foundation

Debit/credit cards: Available through the online form at
<https://ozarkregional.org/ORLFoundation>

Comments: