

Thompson Montville Friends of the Library Membership Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

\$2.00 **Individual**

\$5.00 **Family**

\$1.00 **Senior Citizens**

\$ _____ **Additional Contribution**

Date _____

Make checks payable to:

**Thompson Montville Friends of the Library
16700 Thompson Rd.
Thompson, OH 44086**

Yes, I want to be contacted about volunteer opportunities.