

Even the best libraries need *Friends*.
Please become one!



Membership Form

Fiscal year June 1 through May 31

Name _____

Email _____

Phone (home) _____

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Street/PO Box _____

City _____

State _____ Zip _____

Membership contribution
of \$10 per adult: \$ _____

Additional contribution: \$ _____

Total: \$ _____

Make checks payable to:

Friends of the Wolfeboro Public Library

Memberships may be mailed to:

Friends of the Wolfeboro Public Library,
259 South Main St., Wolfeboro, NH 03894

All contributions are tax-deductible.