

Yes! I want to be a Friend of the Ontario Community Library.

Name(s):

Address:

Phone(s):

Today's Date:

E-Mail:

Please return this form along with annual membership dues of \$5.00 per person to:

Ontario Community Library
388 SW 2nd Ave.
Ontario, OR 97914

Make Checks payable to:

Friends of the Ontario
Community Library

YOU CAN HELP

Please check any and all areas of interest.

- Book discussions or clubs
- Arts & crafts
- Technology
- Used book sales
- Fund-raising projects
- Membership
- Adopt a shelf program
- Summer Reading Program
- Winter Reading Program
- Special events for children
- Special events for adults

- Other _____
- Other _____
- Other _____
- Other _____
- Other _____

Other ways you might help:

Suggestions: