FRIENDS OF THE LIVINGSTON COUNTY LIBRARY

Name: ___________________________________________________
Address: _________________________________________________
City/State/Zip Code: _______________________________________
Email: __________________________________________________

Please review the membership types and select your membership category. Please return this form with your donation:

Friends of the Library
450 Locust
Chillicothe, MO  64601

_____ Student or Senior Citizen    $ 5.00
_____ Individual    $ 10.00
_____ Family    $ 15.00
_____ Sponsor    $ 40.00 to $ 99.00
_____ Patron    $ 100.00 to $ 249.00
_____ Benefactor    $ 250.00 to $ 499.00
_____ Silver Lifetime $ 500.00 to $ 999.00
_____ Gold Lifetime    $ 1000.00 or above

Children and Teen Literacy Fund (Formerly BooFest Fund)
I am adding $________________ to my membership to purchase books which will be given to children and teens throughout the year during different events.