

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.