

Our purpose:

Name _____

State____

Zip_

Address _____

City____

To encourage participation and support in the planning, development and growth of this unique and valuable community resource - our Library.

Our Soldotna Library Friends needs your support. Join or renew today! Secure online payment available at www.soldotnalibraryfriends.com

Student or Senior (Age 55+)	\$5	Lifetime (Individual/Family)\$250
Individual \$ Family \$ Patron \$	\$20	5 I want to volunteer with: 5 Book Sales, Fund Raising, 6 Art Displays, Bake Sales,
	\$35	
Business/Corporate	\$500	
Additional donation \$		
Name		
		State Zip
		Email
Please make checks payabl	le to Sold	otna Library Friends.
Card Number		
Expiration Date		Security Code
Signature		
Friends of the Joyce K. Carver Memor	orial Library	is a 501(c)3 organization. Tax ID No. 30-0347148 r your support!
	-	



please don't forget the

stamp

Soldotna Library Friends P.O. Box 4134 Soldotna, AK 99669