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_____ Please accept my additional gift of:

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I would like to make a gift in honor of someone.

Amount \$ _____

Name of Person to be Honored or Remembered _____

Membership Type:

Date: _____

_____ Individual _____ Couple _____ Family of _____ (Number, same household)

_____ Gift Membership *Please list name(s) and address of recipient below.*

Member Names:

1. _____

2. _____

Children:

Email: _____

Phone: _____

Address: _____

Please return this form
with your check made payable to the FOTL
to your local library branch or mail to
Friends of the Library
P.O. Box 363
Denton, MD 21629