

Friends of the Saugatuck-Douglas District Library

Membership Form

Name: _____ Date: _____

Mailing address: _____

Phone: _____

E-mail address: _____

This information is solely for use by the Friends of the Library.

Here's the kind of Friend I'd like to be:

Individual: \$20/year Family: \$30/year Lifetime: \$350

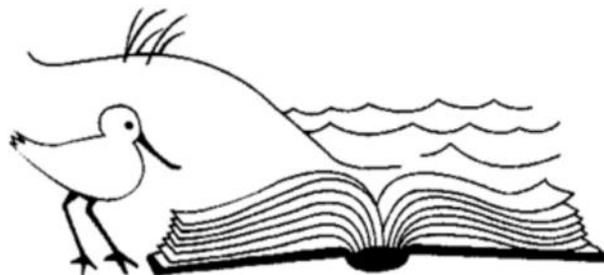
Membership Year: July 1 - June 30

I'd also like to make an additional contribution of: \$ _____

Please make checks payable to:

Friends of the SDDL

PO Box 205 / Douglas, MI 49406



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