Booth & Dimock Memorial Library
2019 Membership Drive

Donor Name(s):_____________________________________________________

Please print clearly. Name(s) will be used as listed for recognition purposes.

Address: _________________________________________________________
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Telephone: ________________________________________________________

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This gift is given anonymously: ____

Please make checks payable to Booth & Dimock Memorial Library

____ $20 Individual
____ $30 Family
____ $50 Supporting
____ $100 Sustaining
____ $250 Platinum
$_____ Cash or Securities

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