



# Booth & Dimock Memorial Library 2020 Membership Drive

Donor Name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This gift is given anonymously: \_\_\_\_\_

Please make checks payable to Booth & Dimock Memorial Library

- \_\_\_ \$20 Individual
- \_\_\_ \$30 Family
- \_\_\_ \$50 Supporting
- \_\_\_ \$100 Sustaining
- \_\_\_ \$250 Platinum
- \$ \_\_\_ Other



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