

Friends of the Montgomery House Library Membership Application

Please print and make checks payable to the:

Mail to: ***Friends of the Montgomery House Library.***
PO Box 5, McEwensville, PA 17749

_____ \$5.00 _____ \$10.00 _____ \$25.00 _____ \$50.00 _____ Other

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

eMail : _____

I am Interested in Helping with the:

_____ Yard Sales – McEwensville and/or Watsonstown

_____ Baked Goods

_____ Friends Committee

_____ Program Volunteer

_____ Library Volunteer

_____ Summer Reading Program

_____ Book Store

_____ Membership

_____ Christmas Wreath

_____ Fundraising

I'm available the following days: _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat

Thank you so much for your assistance!