

Friends of the Mt. Lebanon Public Library Membership Application

(please print this form)

Yes! I want to become a Friend.

Enclosed is my check for:

_____ \$50 _____ \$25 _____ \$10 (minimum) _____ Other.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Date: _____

E-mail Address: _____

Please indicate how you would like to receive the Friends Newsletter:

_____ In the mail only

_____ By e-mail only

_____ Both in the mail and by e-mail

Please make checks payable to: Friends of the Mt. Lebanon Library

Return by mail or in person to:

**Mt. Lebanon Public Library
16 Castle Shannon Blvd.
Pittsburgh, PA 15228-2252**