

Become a Friend of the Pierson Library Today!

Name _____ Email _____

Address _____

Phone _____ Do want a receipt for your donation? Yes _____ No _____

The amount of your donation \$ _____

I would like to:

Date of donation: ___/___/___

- Volunteer at the Library! _____
- Help with the book sale! _____
- Serve on the Friends Board or committees! _____
- Other (please describe on reverse of form): _____

Please return to:

Friends of the Pierson Library, 5376 Shelburne Road, Shelburne, VT 05482

or drop it off at the Circulation Desk at the library.