



January 1 - December 31, 20 _____

Yes! I'd like to be a Friend of the Southwick Public Library New Renewal

Name(s): _____

Street: _____

Town: _____ State _____ Zip _____

Email Address: _____ Phone: _____

Would like to receive monthly Library Links via email? Yes No

Would like reminders of upcoming events via email? Yes No

If so, check programs of interest

_____ Family events _____ Children's programs _____ Teen Programs _____ Adult Programs

Single membership \$5 Family membership \$10 Total enclosed \$ _____



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