



2024-2025 MEMBERSHIP

(September 1, 2024 – August 31, 2025)

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

- ☐ Student \$5.00
- ☐ Senior Citizen (65 or older) \$5.00
- ☐ Individual \$10.00
- ☐ Family \$15.00
- ☐ Sponsor \$40.00 to \$99.99
- ☐ Patron \$100.00 to \$249.99
- ☐ Benefactor \$250.00 - \$499.99
- ☐ Silver Lifetime \$500.00 - \$999.99
- ☐ Gold Lifetime \$1,000.00 and up

Youth Literacy Fund: I am adding \$ _____ to my membership which will be given to Lillian DesMarias Youth Library for resources and programs throughout the year.

Adult Literacy Fund: I am adding \$ _____ to my membership which will be given to the Livingston County Library, Main Branch, for adult resources and programs throughout the year.

Please review the memberships and select your membership category. Return this form with your membership dues and donation to: Friends of the Library, 450 Locust Street, Chillicothe, MO 64601 or drop off at the Lillian DesMarias Youth Library or Main Library circulation desk.

Friends of The Livingston County Library
450 Locust St. Chillicothe, Missouri 64601