

Yes!

I want to ensure that the Beaumont Library District continues to be a source of information, education, and culture for our community.

Please enroll me as a member of the Friends of the Beaumont Library District"

Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

\$5 Student and Senior

\$10 Individual

\$25 Family

\$100 Patron

\$250 Lifetime Member

\$500+ Lifetime Member with recognition by name plaque on the Friends' Donor Wall

Amount Enclosed: _____

Please make checks payable to: Friends of the Beaumont Library District

Please feel free to call on me to volunteer!

Mail to: Friends of the Library
125 East Eighth Street
Beaumont, CA 92223

OR

Email to: friendsofthebld@gmail.com