

Thank you for making a difference by becoming a
FRIEND of the Hastings Library!

So that you may promptly become a proud member
of our community organization, please fill out the
application on the reverse side and mail along with
your tax deductible membership fee to:

Hastings Friends of the Library
P.O. Box 454
Hastings, Fl. 32145

Make your checks payable to :
Hastings Friends of the Library.
Your cancelled check serves as your receipt.

For more information about the organization please
contact:
Wendy Jo Williams
386-328-8697
famlife4h@earthlink.net

Hastings FOL meet on the 2nd Tues of the Month at
6:00p.m. at the Hastings library

Our goals for the future are to present more ed-
ucational and cultural events that involve the
community. With your membership and partici-
pation we can do even more .

**GREAT "FRIENDS" HELP TO
MAKE GREAT LIBRARIES**



*The only thing that you have to know , is
the location of the library.*

Albert Einstein

*I have found the most valuable thing in my
wallet is my library card.*

Laura Bush

Hastings Friends of Library

P.O. Box 454
Hastings , Florida 32145

Hastings Friends of the Library



Mission of the Hastings Friends of the Library

- Promote the library as an educational, cultural, and recreational asset to all members of the community.
- Provide financial assistance and gifts to the library.
- Stimulate public awareness of the center and the library's services, facilities, and needs.
- Encourage public support and act as an advocate for improved library services in the center.
- Provide volunteers to assist with special programs in the library.

Definition of Friends

- **F**eeling we have made a difference
- **R**aising funds in support of the library
- **I**nvesting in the future of the Hastings Public Library
- **E**ncourage the citizens of our city to help in providing the funds necessary
- **N**urturing knowledge of the library
- **D**eveloping library services and special community programs
- **S**timulating public support

Hastings Friends of the Library Application

- Friend \$ 10.00 per year
- Family \$25.00 per year
- Additional donation _____
- New Membership Renewal

Name : _____

Address: _____

City: _____ St: _____ Zip Code: _____

Email address: _____

Phone Number : _____

Mail application Form and payment to :

Hastings Friends of the Library HFOL

P.O. BOX 454

Hastings, Florida 32145