

**You are invited to join / rejoin the
FRIENDS OF ROUSE**

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Dues: _____

Your additional donation will be appreciated!

Donation: _____

Total: _____

You may join the Friends of Rouse at any time. Please renew your membership annually, starting with January 1 of the year following your initial enrollment.

Please make checks payable to

Friends of Rouse

Please print this form, fill it out and return to:

Friends of Rouse

701 Rouse Avenue

Youngsville, PA 16371