
EDEN FOUNDATION INC.

Paynesville, Parker Point

Monrovia, Liberia

www.edenfoundationproject.org/library

Library Application

Please fill out all necessary information that imply to your organization.

ORGANIZATION INFORMATION:

Name: _____

Address: _____

Number of People: _____

Today date: _____

There is a \$ _____ donation.

EDEN LIBRARY STAFF ONLY:

Name of Staff: _____

Today Date: _____

Donation Paid: _____

Staff Signature: _____

On behalf of the EDEN FOUNDATION INC., we say welcome to our library.

* Due to the influx of people using the library, there is a time and seating limit.

* This registration permits for the availability of a library card which is valid for only six months and must be renewed in order to allow access to our facility.

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