

Letter of Authorization

Name of PCBL Affiliate:		
Street Address:		
City:	State:	Zip:
Contact Person:		Title:
Email:	Pho	one:
Dear Pennsylvania Citizens for Be	tter Libraries:	
his will authorize the Pennsylvar nformation in the consolidated F		
his authorization will remain in e	effect until revoked by us in	writing.
hank you,		
Signature:		
Print Name:	Title	:
Date:		