



Castle in the Clouds Library Museum Pass

We'd like to purchase a 2020 Castle in the Clouds Library Museum Pass.

Date _____

Library Name _____

Mailing Address _____

City _____ State _____ Zip _____

Director or Other Contact _____

Email _____

Phone _____

Please make check for \$250 payable to:

**Castle in the Clouds
PO Box 687
Moultonborough, NH 03254**

And mail to the above address with the notation: Attn: Jill Cromwell

Thank you for your support! Your e-pass will be emailed to you shortly.