

I WISH TO BECOME a CLIENT of **HLS :
(Housebound Library Service):**

NAME

ADDRESS

.....

POST CODE

TELEPHONE

**I WOULD LIKE MORE INFORMATION
ABOUT VOLUNTEERING WITH **HLS** :**

NAME

ADDRESS

.....

POST CODE

TELEPHONE

PLEASE SEND THIS FORM TO :

FRIENDSHIP SERVICES (HLS)

PO Box 5743, Inverness, IV1 9DN



or EMAIL: HLS.enquiry@gmail.com

- and we will contact you shortly thereafter.

We look forward to hearing from you!