

PLEASE FILL OUT COMPLETELY BELOW

Please enroll me as a member of the **FRIENDS of the Eastchester Public Library**

My Check for _____ dollars is enclosed.
Contributions are tax deductible. Your canceled check is your receipt.

Company Matching Gift _____

Thanks for your support.

___ Mr.	___ Mrs.	___ Ms.	___ Mr. & Mrs.
Name: _____			
Address: _____			
City: _____		Zip: _____	
Phone: _____		Email: _____	

Membership Levels:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual	Family	Sponsor	Benefactor	Lifetime	Additional Contribution
\$15	\$25	\$50	\$100	\$500	

___ I am interested in volunteering ___ I do not wish to receive emails