

I WANT TO JOIN THE FRIENDS OF THE LIBRARIES

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

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Amount of Donation \_\_\_\_\_

Individual \$15                      Senior Citizen (55+) \$10                      Family \$20

Patron \$50                              Lifetime \$150                              Benefactor \$500

Please make checks payable to "Friends of the Libraries"

Mail to: 8 River St., Sidney, NY 13838

With the exception of "Benefactor" and "Lifetime" memberships, all membership terms are for one year.

*The membership year extends from January 1 to December 31*

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I would like to help the Friends in the following area(s):

_____ Books á la Carte _____ Film Selection Committee

Semi-annual Book Sales:

_____ Set-up or take down

_____ Cashier