

FRIENDS OF THE GREECE PUBLIC LIBRARY

Membership Application

Please print this form and bring to the Greece Library or mail to:

FRIENDS OF THE GREECE PUBLIC LIBRARY

TERRI LITTLEFIELD

271 LAKE MEADOW DR.

ROCHESTER, NY 14612

Please join our CIRCLE OF FRIENDS

MEMBERSHIP LEVEL:

(Valid for one year from enrollment date)

All contributions are tax deductible.

_____ **Individual**

(\$5.00)

_____ **Couple/Family**

(\$10.00)

_____ **Business Friend**

(\$25.00)

_____ I wish to make an additional contribution of \$ _____

(Please allow 30 days for deposit of your check)

NAME _____

ADDRESS _____

ZIP CODE _____

PHONE _____

EMAIL _____

_____ **NEW MEMBERSHIP** _____ **RENEWAL**