

Friends of the Greece Public Library Membership Application

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

Friends of the Greece Public Library
Terri Littlefield
271 Meadow Drive
Rochester, NY 14612

Please join our CIRCLE OF FRIENDS

Membership Levels:
(Valid for one year from enrollment date)
All contributions are tax deductible.

_____ Individual

Contribution

\$5.00

_____ Couple/Family

\$10.00

_____ Business

Friend \$25.00+

I wish to make an additional contribution of

\$ _____

Name: _____

Address: _____

Zipcode _____

Phone: _____

Email : _____

___ New Membership ___ Renewal