

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,
Diane Johanson, 329 Paddy Hill Drive, Rochester, NY 14616

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** **\$25.00+**
Friend

I wish to make an additional contribution of

\$ _____

Name: _____

Address: _____

Zipcode _____

Phone: _____

Email : _____

___ **New Membership** ___ **Renewal**