

## Friends of the Eastchester Library Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

e-mail \_\_\_\_\_

Tiered Membership contribution:

Individual \_\_\_\_\_ \$15

Family \_\_\_\_\_ \$25

Benefactor\* \_\_\_\_\_ \$100

Lifetime\* \_\_\_\_\_ \$500

Additional Contribution \_\_\_\_\_

I also wish to participate \_\_\_\_\_

My firm, \_\_\_\_\_, will match my contribution.

\*Benefactor and Lifetime categories will be able to reserve popular museum passes in advance by calling the reference desk@ 793-5055.

Make checks payable to:

FRIENDS of the Eastchester Public Library  
11 Oakridge Place, Eastchester, NY 10709

Contributions are tax deductible. Your cancelled check is your receipt.  
Thanks for your support.

Please check out the library's website: [eastchesterlibrary.org](http://eastchesterlibrary.org) and click the "Friends" tab to register online via Paypal