

## Become a Friend of the Eastchester Public Library

Please fill out completely below:

Please enroll me as a member of the FRIENDS of the Eastchester Public Library.

My check for \_\_\_\_\_ dollars is enclosed.

Contributions are tax deductible. Your cancelled check is your receipt.

Mr. \_\_\_\_\_ Name \_\_\_\_\_

Ms./Mrs. \_\_\_\_\_ Address \_\_\_\_\_

Mr. & Mrs. \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

( Please indicate how you would like your name to appear on our membership records )

\$10.00 - 200 \_\_\_ General membership

\_\_\_ I also wish to participate / volunteer

Please send application and your check made payable to Friends of the Eastchester Library to:

Friends of the Eastchester Library  
11 Oak Ridge Place  
Eastchester, N.Y. 10709

Thank you for your support!!!