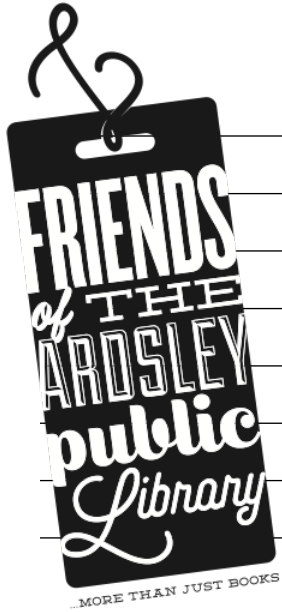


# Friends of the Ardsley Public Library

## Application for Membership

Yes! I want to be a Friend of the Ardsley Public Library...



Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Annual Membership Level

- |                                     |            |                                     |          |
|-------------------------------------|------------|-------------------------------------|----------|
| <input type="checkbox"/> Individual | \$25.00    | <input type="checkbox"/> Family     | \$50.00  |
| <input type="checkbox"/> Patron     | \$75.00    | <input type="checkbox"/> Benefactor | \$100.00 |
| <input type="checkbox"/> Hero       | \$500.00 + |                                     |          |

I'd like to make a special donation in the amount of:

\$ \_\_\_\_\_

If this is a gift, please include the following for acknowledgement of the beneficiary:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail your completed application, along with your check to:

*Friends of the Ardsley Public Library*  
9 American Legion Drive  
Ardsley, NY 10502