

# Friends of the Ardsley Public Library

## Application for Membership

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

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

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

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

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

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

### Annual Membership Level

Individual \$25.00

Family \$40.00

Patron \$75.00

Benefactor \$100.00

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