

FRIENDS OF THE GREECE PUBLIC LIBRARY

Membership Application

Please print this form and bring to the Greece Library or mail to:

FRIENDS OF THE GREECE PUBLIC LIBRARY

LYNDA VENTURA

121 W. BEND DR.

ROCHESTER, NY 14612

Please join our CIRCLE OF FRIENDS

MEMBERSHIP LEVEL:

(Valid for one year from enrollment date)

All contributions are tax deductible.

Individual

(\$5.00)

Couple/Family

(\$10.00)

Business Friend

(\$25.00)

I wish to make an additional contribution of \$ _____

(Please allow 30 days for deposit of your check)

NAME _____

ADDRESS _____

ZIP CODE _____

PHONE _____

EMAIL _____

NEW MEMBERSHIP RENEWAL