

Friends of the Milford Library Membership Form

Mail or Return Form To:
FOML, Membership
Milford Public Library
57 New Haven Avenue
Milford, CT. 06460

_____ Individual	5.00
_____ Household	10.00
_____ Patron	25.00
_____ Sponsor	50.00
_____ Business	75.00
_____ Lifetime	200.00

Commemorative gifts and donations are gratefully accepted

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Preferred Method of Contact: _____

WOULD YOU LIKE TO VOLUNTEER? IF SO, PLEASE CHECK OFF YOU'RE AREAS OF INTEREST.

Book Sales: _____	<input type="checkbox"/>	Chair A Position: _____	<input type="checkbox"/>
Hospitality _____	<input type="checkbox"/>	Library Programs : _____	<input type="checkbox"/>
Mailing _____	<input type="checkbox"/>	Membership: _____	<input type="checkbox"/>
Special Events: _____	<input type="checkbox"/>		

If you need more information call (203) 783-3291

Thank you!

Receipt Given: Yes _____ No _____ Receipt sent on _____ Cash _____ Check Nu: _____ Date: _____

The Friends of the Milford Library, Inc. is a 501 (c) 3 organization. In that no goods or services have been provided in return for this contribution, therefore the full amount of your contribution is tax deductible.