

FRIENDS OF THE FRUITVILLE PUBLIC LIBRARY

MEMBERSHIP FORM

Name: _____

____ Junior \$ 3.00

Address: _____

____ Individual \$ 15.00

City, State, Zip : _____

____ Family \$ 25.00

E-Mail: _____

____ Sustaining \$ 50.00

Telephone Number _____

____ Diamond \$100.00

____ Benefactor \$250.00

I have included a contribution in the amount of \$ _____

*** * * Membership Fees Are Tax Deductible * * ***

Please make checks payable to: Friends of the Fruitville Public Library
100 Coburn Road
Sarasota, FL 34240

THANK YOU FOR YOUR SUPPORT !