

Friends of the Fall River Public Library

20 ____ Membership Form

Please circle one:

Individual - \$10

Couple - \$15

Contributing - \$25

Life - \$100 per person

Name:
Address:
City:
State/Zip:
Phone:
Email:

Friends are encouraged to volunteer their time or talents. Please indicate your areas of interest:

____ As Needed

____ Bookstore / Book Sales

____ Programs /Special Events

____ Refreshments for Programs/Special Events

All contributions are tax deductible. Please make checks payable to **Friends of the Fall River Public Library, Inc.** Return your payment with this form to:

Attn: Membership
Friends of the Fall River Public Library, Inc.
104 North Main Street
Fall River, MA 02720

Or you may drop the payment and form off at the library.