

PLEASE JOIN the FRIENDS of the PITTSFORD COMMUNITY LIBRARY

Name _____

Street Address _____

City/State/Zip _____

Phone (____) _____

E-Mail _____

Please print legibly

<input type="checkbox"/> New Membership	<input type="checkbox"/> Individual \$5.00	<input type="checkbox"/> Youth [under 18] \$3.00
<input type="checkbox"/> Renewal	<input type="checkbox"/> Family \$10.00	<input type="checkbox"/> Senior [60+] \$3.00
<input type="checkbox"/> I wish to Volunteer!	<input type="checkbox"/> Life Individual \$100.00	<input type="checkbox"/> DONATION \$ _____
	<input type="checkbox"/> Life Family \$150.00	

Please make check payable to ***The Friends of the Pittsford Community Library***