

Friends of the Salem Free Public Library Membership/Donation Form

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Dues (please circle one):

Benefactor \$100

Patron \$75

Donor \$50

Family \$20

Individual \$10

Senior \$5

I am (please circle) able/unable

to help with Friends' events and programs.

Donation: \$ _____

Please make checks payable to:

The Friends of the Salem Free Public Library

264 Hartford Road

Salem, CT 06420

The Friends of the Salem Free Public Library

is a 501C(3) non-profit organization.