

Friends of the Healdsburg Library

Name (Please Print) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date _____

Email _____

Electronic Newsletter Yes No

Make checks payable to:

Friends of the Healdsburg Library

P.O. Box 1514

Healdsburg, CA 95448

Annual Renewal New Membership

Individual (\$5.00) \$ _____

Family (\$10.00) \$ _____

Business (\$20.00) \$ _____

Life Individuals only (\$100.00) \$ _____

Total Donation \$ _____

I'd/We'd like to help the Friends in the following ways:

Book Sales

Mailings

Publicity

Membership

Special Events

Board

Contact me about volunteer opportunities.

I need information about Gift Memberships and the Gift-to-Honor Program.

Your tax deductible donation is appreciated:

Endowment \$ _____

Gift-to-Honor \$ _____