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 $________