

Friends of Brighton Memorial Library Membership Form (from Website)

Name: _____

Address: _____

City/State/ Zip: _____

Phone: _____

Email: _____

Enclosed is my tax-deductible contribution of:

cash

check (*payable to the Friends of Brighton Memorial Library*)

Donor Level (circle one)

\$10 Individual

\$15 Family

\$25 Sponsor

\$50 Patron

\$100 Benefactor

Other _____

Please send this application and your donation to:

Friends of Brighton Memorial Library
c/o Membership
2300 Elmwood Ave.
Rochester, NY 14618