

Friends of Bosler Memorial Library 2017 Membership Application/ Annual 2017 Membership Renewal

New Friend Renewing Friend

Name 1 _____

Name 2 _____

(If joining as a couple, please list both names; this will help us keep accurate membership records.)

Address _____

City, State, Zip _____

Phone _____

*Email _____

**We will not publicize or share your email address.*

(If you are renewing your membership, please give us your current contact information so we can keep our records up-to-date, thanks.)

*Membership Levels: *(please mark your level)*

- \$ 25 Contributing
- \$ 50 Sponsor
- \$100 Patron
- \$250 Honorary
- \$500 VIP/Corporate

Make checks payable to Friends of Bosler Memorial Library, or we accept VISA, MasterCard, & Discover

_____ /Check if you do not want your name publicly acknowledged.

Circle One: VISA MasterCard Discover

Account #: _____ Expiration Date: _____ CSV# _____

Signature: _____

Does your employer have a matching gift program? If so, please forward the required forms to us so that your donation can be maximized with a matching gift.

Your donation is tax-deductible.

The Friends' membership year runs from January 1 through December 30. Membership donations made in November or December will extend membership through the upcoming year unless you specify otherwise.

_____my membership donation is for the current year

Visit us at www.boslerfriends.org & for the CTB Week festival:
www.celebratethebook.org

The Bosler Friends supplement the library's operating budget. The Friends organization is the largest single annual private financial contributor to the library. Please consider adding your voice of advocacy by becoming a member of the Friends of Bosler Library.

P O Box 730, Carlisle, PA 17013/ email: boslerfriends@boslerfriends.org

"A library is the only single place you can go to learn something new, be comforted, terrified, thrilled, saddened, overjoyed, or excited all in one day. And for free."

--Amy Neftzger