

Friends of the Ridgewood Library

# MEMBERSHIP FORM

Name:

---

Address:

---

Membership Level:

Family \$25.00

Patron \$50.00

Benefactor \$100.00

[please indicate the type of book in which you would like your commemorative nameplate to be placed: children's book  adult fiction  adult non-fiction  ]

Individual \$15.00

Student \$5.00

Please Charge to:  VISA  MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Make all checks payable to the Friends of the Ridgewood Library.

All contributions are tax deductible.

Please mail this form to :

**Friends of the Ridgewood Public Library**  
**P.O. Box 174**  
**Ridgewood, NJ 07451**