



Yes, I want to be a friend of the Chapel Hill Public Library.

New Member

Annual Renewal

New Address

Name _____

Address _____

City _____

Zip _____

Email _____

Telephone _____

Date _____

I've enclosed \$ _____ for my Annual Membership:

____ Sponsor \$250+

____ Family \$35

____ Benefactor \$150 - \$249

____ Individual \$25

____ Patron \$100 - \$149

____ Student \$10

____ Donor \$50

I want to make a Special Contribution in the amount of \$ _____

____ In Memory of _____

____ In Honor of _____

Please indicate your interest in one or more of the volunteer activities listed below:

____ Book Sales

____ Adult Programs

____ Children's Programs

____ Hospitality

____ Membership

____ Newsletter

Memberships and other contributions are tax deductible.

Please make your check payable to:

The Friends of the Chapel Hill Public Library

100 Library Drive

Chapel Hill, NC 27514

<http://friendschpl.org>