



FRIENDS
of the
DALLAS PUBLIC LIBRARY

MEMBERSHIP FORM

Please print. *The information you provide is for the Friends' use only and will remain confidential.*

Mr. Dr. Mrs. Miss Ms. Mr. and Mrs. Dr. and Mrs. (Spouse's Name: _____)

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ Cell Phone: _____

Email address: _____

Membership Information

All membership dues are tax deductible less benefits received.

- | | | | |
|---------------------------------------|-------|---|---------|
| <input type="checkbox"/> Supporter | \$25 | <input type="checkbox"/> Special Friend | \$500 |
| <input type="checkbox"/> Friend | \$50 | <input type="checkbox"/> Best Friend | \$1,000 |
| <input type="checkbox"/> Patron | \$100 | <input type="checkbox"/> Sponsor | \$2,500 |
| <input type="checkbox"/> Close Friend | \$250 | <input type="checkbox"/> Partner | \$5,000 |

- I am joining at or above the \$100 level and would like \$10 of my donation to go my local branch's support group.
 Please do not provide me any benefits. I understand that my membership/donation will be fully tax deductible.
 I would like my membership/donation to be anonymous.

Donations

I would like to make a donation of \$_____.

In Honor of _____

In Memory of _____

Payments

Checks can be made payable to Friends of the Dallas Public Library or charge to your Visa/Mastercard:

Card Number _____ Expiration Date _____ Total Amount \$ _____

Please return the completed form with your payment to:

Friends of the Dallas Public Library
 1515 Young Street • Dallas, Texas 75201
 214-670-1458 • 214-670-1453 (fax) • friends@dallaslibrary.org
 www.dallaslibraryfriends.org