Friends of the Ardsley Public Library
Application for Membership

☐ Yes! I want to be a Friend of the Ardsley Public Library…

Name:
Address:
City:
State:
Zip:
Email:
Phone:

Annual Membership Level

☐ Individual  $25.00  ☐ Family  $50.00
☐ Patron  $75.00  ☐ Benefactor  $100.00
☐ Hero  $500.00 +

I'd like to make a special donation in the amount of:

$__________________________________________________________

If this is a gift, please include the following for acknowledgement of the beneficiary:

Name:_______________________________________________________
Street Address: ____________________________
City: _______________ State: ________________ Zip: ______________

Mail your completed application, along with your check to:

Friends of the Ardsley Public Library
9 American Legion Drive
Ardsley, NY 10502