

Friends of **HERRICK MEMORIAL LIBRARY**
101 Willard Memorial Square • Wellington, Ohio 44090

_____ New Member

_____ Renewing Member

Membership Categories:

- _____ Individual \$8.00
_____ Family \$15.00
_____ Org/Sponsor \$25.00
_____ Friend for Life* \$100.00
*Individual lifetime membership, one time cost

I am interested in helping with:

- _____ Book sales
_____ Harvest of the Arts
_____ Serving as a board member
_____ Other, call me!

I am also enclosing a one-time contribution in the amount of \$_____.

Name: _____ Phone: _____

Address: _____

Town/State/Zip Code: _____

Email: _____

Please make check payable to **Friends of Herrick Memorial Library**.

Friends' Office Use Only

Date Paid

Check/Cash
(Circle One)

Check #

Deposit Date

Expiration Month/Year
_____/_____
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