



Friends Membership Application

For my membership in Friends of Worcester Public Library, Inc., I am enclosing a tax deductible contribution. (If by check, please make payable to Friends of Worcester Public Library, Inc.)

Name: Mr. Mrs. Miss Ms.

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Classes of membership according to contribution:

- Sustaining \$15
- Supporting \$25
- Patron \$50
- Benefactor \$100
- Other \$_____
- My Company's matching gift form is enclosed

Mail to: Friends of Worcester Public Library
3 Salem Square
Worcester, MA 01608 - 2074