Friends of the Warwick Public Library Membership Form

Yes:

I want to be a Friend:

(   ) Individual / Family: $10.00
(   ) Patron: $25.00

Name (Please Print): ____________________________________________

Address: ______________________________________________________

City: __________________________________________________________

State: ________ Zip: ______________________________

Email: _________________________________________________________

Telephone: _____________________________________________________

Make your tax deductible check payable to “Friends of the Warwick Public Library” and mail to 600 Sandy Lane, Warwick, RI 02889. Or drop your form off at the Central Library or at the Apponaug, Conimicut or Norwood branches.

The Friends are a 501 (c)(3) organization.

______ Yes, I would like to volunteer.