

Friends of the LaGrange Library Membership

Membership Year: January - December 2022

Name: _____

Address: _____

Phone: _____

Email: _____

_____ I (we) would like to help sort book donations

_____ I (we) would like to help with fundraisers

Annual Membership Levels:

_____ \$10 Individual

_____ \$15 Family

_____ \$25 Business

_____ Additional contribution

_____ Matching grant form attached

_____ No need to send an acknowledgement



Please make checks payable to:

Friends of the LaGrange Library

1110 Route 55

LaGrangeville, NY 12540