

Friends of the Ridgewood Library

MEMBERSHIP FORM

Name:

Address:

Membership Level:

Family \$25.00

Patron \$50.00

Benefactor \$100.00

[please indicate the type of book in which you would like your commemorative nameplate to be placed: children's book adult fiction adult non-fiction]

Individual \$15.00

Student \$5.00

Please Charge to: VISA MasterCard

Card Number: _____

Expiration Date: _____

Signature: _____

Make all checks payable to the Friends of the Ridgewood Library.

All contributions are tax deductible.

Please mail this form to :

Friends of the Ridgewood Public Library
P.O. Box 174
Ridgewood, NJ 07451