

Friends of the Williamsburg Libraries Membership Form

___ We/I wish to **join** as a new member of the Friends of Williamsburg Libraries.

___ We/I wish to **renew** my membership to the Friends of Williamsburg Libraries.

Friends of Williamsburg Libraries Yearly Memberships

___ Friend (\$20)

___ Special Friend (\$50)

___ Good Friend (\$25)

___ Best Friend (\$100)

Name (please print): _____

Street Address: _____

City/State/Zip: _____

E-mail: _____

We/I wish to make an additional donation of \$ _____ to the Friends of Williamsburg Libraries.

Mail to: Friends of Williamsburg Libraries
PO Box 46
Williamsburg, MA 01096