



**We want you to be
a Friend of the Library...**

Membership Levels:

- | | | |
|---|---|----------|
| <input type="checkbox"/> Friend | - | \$25.00 |
| <input type="checkbox"/> Good Friend | - | \$50.00 |
| <input type="checkbox"/> Great Friend | - | \$100.00 |
| <input type="checkbox"/> Special Friend | - | \$250.00 |
| <input type="checkbox"/> Best Friend | - | \$500.00 |

Your annual contribution is tax deductible.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

No. of children and ages: _____

Please print this form and return with your check payable to:

Friends of the Library
P.O. Box 744
Ponte Vedra Beach, FL 32004