



FRIENDS OF THE DEERFIELD PUBLIC LIBRARY ANNUAL MEMBERSHIP APPLICATION

Your annual membership enhances the materials & programs at our library to better serve you and your family.

I would like to become a member of **Friends of the Deerfield Public Library** for a year at the following level:

____ \$15-\$29 Good Friend

____ \$50-\$99 Dear Friend

____ \$250-\$499 Loyal Friend

____ \$30-\$49 Family Friend

____ \$100-\$249 Best Friend

____ \$500 + Partner

NAME _____

(Names as listed above will appear in our publication unless noted below)

ADDRESS _____

PHONE _____

E-MAIL _____

☐ Please check this box if you do not want your name listed in any publication.

Payment Options: 1) Credit Card visit: **deerfieldlibrary.org/friends-of-the-library**
2) Checks made payable to: **Friends of the Deerfield Public Library** 920
Waukegan Rd., Deerfield, IL 60015

The Friends are a 501(c)(3) nonprofit group. Contributions may be deductible under IRS regulations.

Does your company have a matching gift program?