



Become a member of the Wallingford Public Library Association

Please complete this form and mail or bring to:
Wallingford Public Library, 200 North Main Street
Wallingford, CT 06492

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE _____ EMAIL ADDRESS _____

To help sustain and improve library service in Wallingford, I am enclosing my gift of:

- \$5 Member (1 @ \$5.00 _____ or 2 @\$10.00 _____)
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- \$100 Sponsor (1 @ \$100 _____ or 2 @ \$200.00 _____)
- Other _____)

Each level of membership allows the donor the right to elect members of the Board of Managers, which governs the Library.

Yes, I would like to make an extra donation to help furnish the Library addition, I can help today with a gift of: \$ _____

Check enclosed

Please charge my contribution to:

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Exp. Date _____

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All contributions are tax deductible.

Special gifts and bequests to the Library are most welcome.