## Yes, I want to be a member of the Friends of the Saratoga Libraries!

## Mail this form with your check to the address at the bottom

Please Print		
Name		Date:
Address		
City	State	Zip
Phone E-Mail		
	Membership cat	egories:
\$20 Senior	\$50 Family	\$250 Sustaining
\$25 Individual	\$100 Patron	\$500 Benefactor
Additional Donation	n	
To	otal Enclosed: \$	
My employer will m enclosed or has bee	•	tion. An appropriate form is any.
Contact me regardi	ng volunteer oppo	rtunities.
I wish to receive the newsl	etter: yes, by emai	il; yes, by mail; no
I wish my donation to be a	anonymous: yes	_

For more information, please contact membership chair at membership@fslonline.org

The **friends** of the Saratoga Libraries does not sell, or make available externally, its membership contact list.

The friends of the Saratoga Libraries is a 501(c)(3) organization.

EIN 94-2831256

Our fiscal year is July 1st - June 30th. Your membership and donations are tax deductible as allowable by law.

> Friends of the Saratoga Libraries P.O. Box 2642 Saratoga, CA 95070 www.FSLonline.org