

Friends of the Warwick Public Library Membership Form

Yes:

I want to be a Friend:

() Individual / Family: \$10.00

() Patron: \$25.00

Name (Please Print): _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Telephone: _____

Make your tax deductible check payable to “Friends of the Warwick Public Library” and mail to 600 Sandy Lane, Warwick, RI 02889. Or drop your form off at the Central Library or at the Apponaug, Conimicut or Norwood branches.

The Friends are a 501 (c)(3) organization.

_____ Yes, I would like to volunteer.