

BREWSTER LADIES' LIBRARY ASSOCIATION
MEMBERSHIP FORM

Name: (as you would like to be acknowledged) _____

Primary mailing address: _____

City: _____ State: _____ Zip: _____

Alternate mailing address: (in use _____ thru _____)

City: _____ State: _____ Zip: _____

Email: _____

Membership Categories

- | | | | |
|-------------------------------------|-------|-------------------------------------|---------|
| <input type="checkbox"/> Individual | \$25 | <input type="checkbox"/> Benefactor | \$250 |
| <input type="checkbox"/> Family | \$35 | <input type="checkbox"/> Sponsor | \$1,000 |
| <input type="checkbox"/> Donor | \$100 | <input type="checkbox"/> Other | _____ |

- My company will match my contribution (form enclosed)
 I wish to remain anonymous

Please make checks payable to: **Brewster Ladies' Library Association.**
All contributions are tax deductible to the extent allowed by law.

Your support is needed and much appreciated. Thank you.
Brewster Ladies' Library Association
1822 Main Street, Brewster, MA 02631

www.brewsterladieslibrary.org