



Printable Membership / Contribution Form

Complete and mail to:
Wallingford Public Library
200 North Main Street
Wallingford, CT 06492

ATTN: Library Director

First _____ Last _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Select Membership Level:

- Lifetime Member \$1,000 Library Lover \$500
 Knowledge Seeker \$250 Library Enthusiast \$100
 Bibliophile \$50 Library Groupie \$25 Bookworm \$10

Additional Contribution to the Library Development Fund:

Enclosed is my additional contribution of \$ _____

Payment Method:

- Check Cash Visa Mastercard Discover American Express

Card # _____ Exp. Date _____

CCV Code _____ Signature _____

This membership is given in

- Memory of Honor of _____

Please send acknowledgement to _____

Address _____

- Yes, I would like to receive more information about the Library's Planned Give Program.

Thank you for your support!