



# WALLINGFORD PUBLIC LIBRARY

## 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:

Individual \$10

Family \$25

Silver \$50

Gold \$100

Platinum \$250

Lifetime Member \$1,000

### Additional Contribution to Library Development Fund:

Enclosed is my additional contribution of \$ \_\_\_\_\_

### Payment Method:

Check  Visa  Mastercard  AMEX  Discover  PayPal

Acct. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Signature: \_\_\_\_\_

### *This membership is given in*

Memory of  Honor of

Name \_\_\_\_\_ *Please send acknowledgement to:*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Thank you for your support!**