

# FRIENDS OF THE SCHENECTADY COUNTY PUBLIC LIBRARY MEMBERSHIP FORM

Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

City: \_\_\_\_\_ **Are you eligible for Matching Funds?** \_\_\_ Yes \_\_\_ No

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Firm Name: \_\_\_\_\_

\*Date called in: \_\_\_\_\_

\*Contact Information: GE Foundations Matching Gifts Center 1.800.305.0669 or www.gefoundation.org

<b>Membership &amp; Contribution Amount</b>	Individual	Family	Contributing	Supporting	Patron	Benefactor
<i>(Please check one of the following.)</i>	___ \$10	___ \$15	___ \$25	___ \$35	___ \$50 - 199	___ \$200+

**Checks payable to:** Friends of SCPL **Mail to:** Treasurer, Friends of SCPL, 99 Clinton Street, Schenectady, NY 12305

\_\_\_\_\_ Please check here if you had a change in contact information.

\_\_\_\_\_ I would like to receive the newsletter by e-mail.

**Would you like to volunteer?** \_\_\_\_\_ I am a current volunteer.

\_\_\_\_\_ I would like to volunteer. *Please contact me.*