

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

Membership & Contribution Amount	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

_____ I would like to receive the quarterly newsletter by email.

_____ I would like to receive renewal notices by email.

Would you like to volunteer?

_____ I am a current volunteer.

_____ I would like to volunteer. Please contact me.