
Be a Friend of the Tivoli Free Library

And help keep our library growing strong.

Yes, I want to be a Friend of the Tivoli Free Library.

Name: _____

Address: _____

Email: _____

Phone: _____

Membership Level (please check one):

- \$5 Individual Other \$ _____
 \$10 Family I would like to volunteer
 \$25 Business

Please enclose your payment with this form and mail to:

Friends of Tivoli Free Library
PO Box 400
Tivoli, NY 12583

All members are acknowledged in the Tivoli Library Newsletter.

- Please acknowledge me as "anonymous donor."

Thank you for your support!

**Tivoli
Free
Library**



Be a Friend of the Tivoli Free Library

And help keep our library growing strong.

Yes, I want to be a Friend of the Tivoli Free Library.

Name: _____

Address: _____

Email: _____

Phone: _____

Membership Level (please check one):

- \$5 Individual Other \$ _____
 \$10 Family I would like to volunteer
 \$25 Business

Please enclose your payment with this form and mail to:

Friends of Tivoli Free Library
PO Box 400
Tivoli, NY 12583

All members are acknowledged in the Tivoli Library Newsletter.

- Please acknowledge me as "anonymous donor."

Thank you for your support!

**Tivoli
Free
Library**

