

Friends of the Gilford Public Library
Membership Form

Name _____
Address _____
City, State, Zip _____
Phone # _____
Email _____

Level of Support

- \$10 Student/Senior
- \$15 Individual
- \$25 Family
- \$25 Bookworm
- \$50 Literary Critic
- \$100 Literary Patron
- \$150 Literary Leader
- Other Amount \$ _____

Please make checks payable to The Friend's of the Gilford Public Library.

I would like to help out (check any that apply):

- Fundraising Committee
- Baking
- Newsletter
- Booksales Committee

Old Home Day, Fourth Saturday in August

- Booksale
- I will bake a pie
- Pie and ice cream sale

Forms may be dropped off at the library or mailed to:

Friends of Gilford Public Library
31 Potter Hill Road
Gilford, NH 03249