**PLEASE complete MEMBER or DONOR INFORMATION**

Name (Ms./Mr./ Mrs./ Mr. & Mrs.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_Daytime Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Evening Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP CATEGORIES**

Please check one: **New:\_\_\_\_\_\_Renewal:\_\_\_\_\_\_\_**

Adult ($10):\_\_\_\_\_\_ Senior / Youth < 18 yr. ($5): \_\_\_\_\_\_\_\_

Family (dual adult) ($20):\_\_\_\_\_\_\_ Sponsor ($50):\_\_\_\_\_\_

Contributor or Business ($100)\_\_\_\_\_\_ Patron ($1000):\_\_\_\_\_\_\_\_\_\_

INDIVIDUAL Life Member ($250):\_\_\_\_\_\_\_\_

Individual Contributors of $250.00 or more shall be entitled to a Life Membership. Their names shall be added to the Honor Wall plaque in the Library.

**DONATION INFORMATION**

I wish to DONATE to San Carlos Friends of the Library (501(c)(3)) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please choose) In Memory of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Honor of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All memberships and donation are tax deductible. Please completely fill out this form and drop it off at the San Carlos Branch Library with your check made out to SCFOL, or mail it to:

**SCFOL Membership, c/o San Carlos Branch Library**

**7265 Jackson Drive**

**San Diego, CA 92119**

**619-527-3430**