



San Carlos
Friends of the Library
Remember our Monthly 1st Saturday Used Book Sale

SCFOL Membership and Donation Form

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