

2024 "Friends of the Library" Membership Payment Form

Name: _____

Address: _____

City/State/Zip: _____

Ph./Cell _____ Email: _____

Individual: _____ \$15.00 Family: _____ \$20.00 Patron(s): Silver: _____ \$25.00

Gold: _____ \$50.00 Platinum: _____ \$100.00 Corporate Benefactor: \$ _____

All Donations are tax deductible

Drop off/or Mail to: Friends of the Parsippany Library, 449 Halsey Road, Parsippany, NJ 07054
