

Friends of Rochambeau

YES, I want to join the Friends of the Rochambeau
Branch of the Providence Public Library!
a 501(c)(3) non-profit organization

My Name _____

Today's Date _____

My Address _____

My City _____ My State _____ My Zip _____

My Email _____

My Phone _____

Yes, I am interested in Volunteering!

I'd like to help with: Booksales____ Events____ Other____

I have a special skill or passion that I could share with the library: _____

I am interested in being on the Friends Board_____

I enclose my tax-deductible ANNUAL membership fee in the amount of
(check one):

\$10 Supporter____ \$25 Friend____ \$50 Sponsor____

\$100 Patron____ \$250 Benefactor____ \$500 Angel____

\$____ Other

____ My employer - _____ - will match my gift.

Please make checks payable to *Friends of Rochambeau* and drop off with this form at the Rochambeau circulation desk, or mail with this form to:

Friends of Rochambeau
708 Hope Street Providence, RI 02906