

Friends of the Rosendale Library, Inc
PO Box 482
264 Main St
Rosendale, NY 12472

Application to Join and/or Donate

Name _____

Address _____

City/State/Zip _____

Phone (optional) _____

E-mail (optional) _____

___ **I would like to donate \$** _____ **to Friends of the Rosendale Library, Inc. Please use this donation for**

___ **Building Fund**

___ **A special book**

___ **Raise the Roof Fundraiser**

Donations can be ___ **In honor of** _____

Or ___ **In memory of** _____

(Please include address if you would like us to notify the family of your donation)

___ **I would like to come to meetings.** Please contact me with reminders ___by email
or ___by phone or ___no reminder needed!

___ **I can help with special fundraisers** (contacts, publicity, set-up, clean-up, etc.)

___ **Other** _____

Please cut off and keep this portion as your receipt

Date _____

Amount _____ **Check #** _____

Made payable to: Friends of the Rosendale Library, Inc.

Mailed to: PO Box 482, Rosendale, NY 12472

*Friends of the Rosendale Library Inc. is a 501(c)(3) Non-profit organization
and all deductions are tax-deductible to the extent allowed by law.*