

**YES! I would like join the  
Friends of the Gibsonville Public Library.**

**New Member**     **Annual Renewal**     **Donation**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email : \_\_\_\_\_

**I have enclosed \$ \_\_\_\_\_ for a new or renewed annual membership.**

\$100 Benefactor

\$50 Family

\$25 Adult

\$10 Child

Other Amount

My employer's matching gift form in enclosed

**I would like to make a donation in the amount of \$ \_\_\_\_\_ with the following designation (leave blank if none):**

As a gift membership for: \_\_\_\_\_

In memory of: \_\_\_\_\_

Please return form and payment to:  
Friends of the Gibsonville Public Library  
506 Church Street  
Gibsonville, NC 27406

