

Friends of the Richmond Public Library



❖ We would like to purchase a Corporate Membership (circle one):

▪ Silver: \$100 Gold: \$200 Platinum: \$500 Diamond: \$1,000

❖ We would like to make a donation of \$_____

Company Name _____

Contact Person/Dept _____

Street Address _____

City, ZIP Code _____

Email and Phone _____

Please mail this completed form along with a check to our address below. Thank you!

Your contribution is tax deductible to the extent allowable by law.