

Chardon Friends of the Library Membership Form

Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____

- \$2.00 **Student/ Senior**
- \$3.00 **Individual**
- \$5.00 **Family**
- \$30.00 **Business**
- \$100.00 **Lifetime**
- \$_____ **Additional Contribution**

Make checks payable to:

**Chardon Friends of the Library
110 East Park St.
Chardon, OH 44024**

If your employer offers corporate matching funds for charitable contributions, our treasurer can provide a statement.

- Yes**, I want to be contacted about volunteer opportunities.