



___ **Yes, I want to be a 2017 Friend of the Rosenberg Library.** Membership period is for a calendar year, Jan. 1 through Dec. 31. To check your membership status: send email to rlfriends@rosenberg-library.org.

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___ **Yes, I want to be a Friends volunteer.** Please complete and submit volunteer form on our website.

Friends greatly appreciates your membership and support of the Rosenberg Library. Your donation is tax deductible. A donation by check should be written to **Friends** of the Rosenberg Library or you may use your credit card via our website. Please do not send cash through the mail. A matching donation from a corporation, company or foundation would be greatly appreciated and will be acknowledged.

Membership Donation

- ___ \$10 Student (1 person)
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- ___ \$25 Family
- ___ \$50 Close Friend
- ___ \$100 Special Friend
- ___ \$250 Best Friend
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- ___ Other Donation \$ _____

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My donation is in ___ Memory of ___ Honor of _____

Please notify recipient: ___ Yes ___ No

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