

Friends of the Willow Glen Branch Library
Membership Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

FOR CONTACT PLEASE USE THE ABOVE _____ STREET ADDRESS _____ E-MAIL ADDRESS

_____ One-year Family Membership (\$5.00) _____ Two-year Family Membership (\$10.00)

(Annual membership runs October 1 through September 30)

_____ Lifetime Membership (\$75.00) _____ Additional Donation \$_____

_____ Please contact me about volunteering with the Friends.

*All donations are tax deductible to the extent permitted
California Charitable Trust Number 51790*

**Please complete this membership form and mail it along with your check to:
FWGL - c/o Linda Pedersen, 1324 Glen Dell Drive, San Jose CA 95125**