



## Gift Membership Application Friends of the Georgetown Public Library

### Recipient

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

#### Select a membership category:

_____ Individual (\$10)	_____ Family (\$15)
_____ Supporter (\$25)	_____ Patron (\$50)
_____ Angel (\$100)	_____ Life Member (\$500)

*The gift recipient will receive a \$5 gift certificate for Second-Hand Prose.*

### Donor

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Checks should be made payable to:  
**FRIENDS OF THE GEORGETOWN PUBLIC LIBRARY**  
Your cancelled check is your receipt.

Send this application, along with the tax-deductible Membership fee to:

**Friends of the Georgetown Public Library**  
**402 West 8<sup>th</sup> Street**  
**Georgetown, Texas 78626-5503**