



Membership Form

\$20 Annual Individual \$30 Annual Family New Member Renewing Member

NAME (please print) _____

ADDRESS (please print) _____

PHONE: Mobile _____ Home _____

EMAIL (please print) _____

Please accept my/our additional financial contribution of \$ _____ in support of the Capital Building Campaign of the Friends of Duck Creek Regional Library, an IRS-qualified nonprofit corporation. All donations are tax deductible to the extent of the law.

If you are employed and your employer offers a matching gift program, please contact your Human Resources department to let them know of your donation to the FDCRL.

I/We would like to volunteer to help with the following activities:

- | | |
|---|---|
| <input type="checkbox"/> Serving on the Friends Board | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Serving on a Friends Committee | <input type="checkbox"/> Civic Outreach |
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Membership Development | <input type="checkbox"/> Website - Social Media Updates |
| <input type="checkbox"/> Friends Bookstore | <input type="checkbox"/> Library Support Volunteer |
| | <input type="checkbox"/> Other _____ |

Make checks payable to:

Friends of DCRL

Mail this completed form and check to:

Friends of Duck Creek Regional Library
Attn: Membership
P. O. Box 218
Smyrna, DE 19977-0218