



# The Friends of the Sharon Public Library

# Donation Form

Amount you wish to donate \$ \_\_\_\_\_

Are you a member of The Friends?  Yes  No

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

We will only call you if we have questions about this donation

Email \_\_\_\_\_

We will use this to confirm your donation

Yes, please send me the quarterly Friends newsletter and notify me of events

Yes, I would like to be contacted about volunteer opportunities

Please make your check out to **The Friends of the Sharon Public Library** and either drop this form off at the library circulation desk or mail to

**PO Box 235 Sharon MA 02067**