



Donor Membership Form



The Friends of the Lethbridge Public Library promote and advocate for the mission of the Lethbridge Public Library.

We also provide funding to benefit Library services or for special Library needs.

The Friends are entirely dependent on volunteers, donations and fundraising to accomplish these goals.

We appreciate your interest and support.



Society of Friends of Lethbridge Public Library - PO Box 27078,
Lethbridge, AB - T1K 6Z8
www.lethlibfriends.com

Donor Membership Form

Name of Individual or Organization*: _____

*If Organization, Name of Representative: _____

(For communication and voting purposes only)

Address: _____

City: _____ Postal Code: _____

Telephone: _____ E-mail: _____

- Associate Member Friend - any amount up to \$30. (Charitable receipt issued upon request)
 - \$ _____ amount
 - Charitable receipt requested
- Individual Voting Member Friend & Charitable Receipt (\$30 or more)
 - \$30
 - \$100 Patron
 - \$ _____ other amount
- Organization Voting Member Friend & Charitable Receipt (\$50 or more)
 - \$50
 - \$100 Patron
 - \$ _____ other amount

Yes, you may publish my name or the organization's name as a Donor Member

Payment Type:

- Cash/Debit Card
- Cheque (Make cheque payable to Society of Friends of Lethbridge Public Library)
- Invoice my organization
- Credit card (Please use either atbCares.com or CanadaHelps.org – see brochure for detailed information)
- Return form to any Library staff member at an Information or a Circulation desk.
Your charitable receipt, if applicable, will be mailed to you shortly.

THANK YOU

Charitable registration number: BN 89894 2230 RR0001

Questions: Friends@lethlib.ca

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