

Annual Library Support Campaign
Richmond Memorial Library Association

This contribution entitles you to membership in the Richmond Memorial Library Association. All donations are tax deductible.

Name: _____
(as you wish it published)

Address: _____

Telephone: _____

\$20.00 \$35.00 \$50.00 Special Gift _____

My employer will match my donation. *(Please obtain matching fund form from your employer)*

If you would like to take a more active role and join a Friends of the Library Group, check here

Please make checks payable to: **Richmond Memorial Library Association**

Please return this form to:
Richmond Memorial Library
P.O. Box 387
15 School Drive
Marlborough, CT 06447