

**YES! I want to become a Friend.**

My check, payable to The Friends of The Brookfield Library, Inc., is enclosed.  
Contributions are tax deductible, and may be eligible for matching grants.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Please select your membership category:

- Friend (\$25)
- Good Friend (\$35)
- Very Good Friend (\$50)
- Best Friend (\$100 or more)
- Lifelong Friend (\$1,000+)
- Other \$ \_\_\_\_\_

- I would like to volunteer to help:
  - at the book sale in Sept./Oct.
  - during the year

Please return this form with your check (payable to The Friends of The Brookfield Library) to:

The Friends of The Brookfield Library  
c/o The Brookfield Library  
182 Whisconier Road  
Brookfield, CT 06804