

## Join the Friends of Cragin Library

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I have enclosed a check for membership made out to Friends of Cragin Library for:

\_\_\_\_\_ \$10    \_\_\_\_\_ \$25    \_\_\_\_\_ \$50    \_\_\_\_\_ \$100    \_\_\_\_\_ Other

I am interested in:

\_\_\_ Attending meetings

\_\_\_ Helping with book sales

\_\_\_ Moving and sorting books

\_\_\_ Helping with bake sales

Send to:

Friends of Cragin Memorial Library

P.O. Box 68

Colchester, CT 06415