



Business Membership Form

I am enclosing my tax-deductible payment for:

- \$5,000 \$1,000
 \$500 \$100

Membership Questions? Email: FriendsoftheLibraryTally@gmail.com

Please charge my payment of \$ _____ Visa Mastercard

Card Number _____ CCV Code _____

Signature _____ Exp. Date _____

Check # _____ *(Made payable to Friends of the Library)*

Business Name _____

Business Representative _____

Address _____

City _____ State _____ Zip _____

Phone _____

*Email _____

**Please include your email address to receive event announcements and newsletters.*

Mail to:
Friends of the Library
200 West Park
Tallahassee, Florida 32301