

YES! I want to become a member of the Delray Beach Public Library.

Name: _____

Address: _____

Phone: _____

Email Address: _____

(We do not share email information. We use email for library event news only.)

Please choose a category:

New Renewing Gift Membership

Membership Levels (please choose) :

- **Friend** \$ 25 +
- **Best Seller** \$ 100+
- **Special Edition** \$ 250+
- **Classic** \$ 500+
- **Masterpiece** \$ 1,000+

- **Club 833**

Payment Method:

Check Please make check payable to: Delray Beach Public Library

Mailing address:

Development Department

Delray Beach Public Library

100 West Atlantic Avenue

Delray Beach, FL 33444

Credit card :

AMEX VISA MC Discover

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Card Security: #: _____

This is a Gift Membership from: _____

