



Please accept my membership to support Brooklyn Public Library:

\$1,500 \$2,500 \$5,000 \$10,000 \$15,000 Other \$ _____

Title: Ms. Mrs. Mr. Mr. & Mrs. Other _____

First/Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Email _____

Enclosed is my check payable to Brooklyn Public Library.

Please charge to my:

Visa MasterCard American Express Discover

Card Number _____ Exp. Date _____

Signature _____

My company will make a matching gift:

Company Name _____

I have enclosed the form

I will go online to process the matching gift

Please mail your gift to:

Brooklyn Public Library,
Development Office
10 Grand Army Plaza
Brooklyn, NY 11238

Thank you for your support!