



Friends of Cary Memorial Library, Inc.

Donation Form

Required Information is noted with *

I/we would like to make a donation to the Friends of Cary Memorial Library Inc.

Name* _____
(First) (Last)

Spouse/Partner _____
(First) (Last)

Address _____
(address line)

_____ (city) (state) (zip code)

Phone* _____

Email* _____

Amount of Donation*

\$100

\$50

\$25

Other Amount (please specify) \$ _____

NOTE: We are a 501(c) (3) nonprofit organization.

This form with your check may be dropped off at the library main desk or mailed to:

Friends of Cary Memorial Library, Inc.
1874 Massachusetts Ave.
Lexington, MA 02420-5303

For Questions contact us at friends@carylibrary.org

You will receive communications and news via email