

# Donation Form

Thank you for your support of the Village Library of Cooperstown. Your donation supports improvements, programs, events, and book and audio purchasing. Please provide the information requested and return with your check to:

**Friends of the Village Library of Cooperstown**

22 Main Street

P.O. Box 661

Cooperstown, NY 13326

**Name:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail (optional):** \_\_\_\_\_

**Membership Contribution:**

*Receive a Gift Bag for Donations Over \$25*

\$10          \$25          \$100          \$1,000          \$OTHER \_\_\_\_\_

**Are you interested in volunteering or becoming a future board member?**

**Ideas/ Comments**

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