

# B.B. Comer Library Foundation

314 North Broadway Avenue  
Sylacauga, AL 35150

## Membership Application

Renewal

New Member

Please accept my pledge for the following  
sum \$ \_\_\_\_\_

Please do not publish my name in a  
Recognition List.

My check for \_\_\_\_\_ made payable to B.B. Comer Memorial Library Foundation is enclosed as  
a tax deductible contribution and dues for the year.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Business  
Affiliation/Organization \_\_\_\_\_

- |   |             |
|---|-------------|
| <input type="checkbox"/> Friend         | \$25.00     |
| <input type="checkbox"/> Associate      | \$100.00    |
| <input type="checkbox"/> Patron         | \$250.00    |
| <input type="checkbox"/> Sustainer      | \$500.00    |
| <input type="checkbox"/> Benefactor     | \$1,000.00  |
| <input type="checkbox"/> Founder        | \$5,000.00  |
| <input type="checkbox"/> Library Fellow | \$25,000.00 |

Support a source of Education, Enrichment, and Entertainment