



HCLF MEMBERSHIP APPLICATION

HCLF Hawthorne Community Library Foundation
345 Lafayette Ave, Hawthorne NJ
973-427-5745 Ext. 11

Name: _____

Address: _____

Phone: _____

Membership: \$25.00 _____ \$50.00 or more _____

Amount Enclosed: \$ _____

Donations are tax deductible to the full extent of the law.
Please complete this form & return it with your check payable to:
HCLF Hawthorne Community Library Foundation
345 Lafayette Ave
Hawthorne, NJ 07506