



NYU SCHOOL OF MEDICINE
FREDERICK L. EHRMAN MEDICAL LIBRARY

Friends of the Library of NYU School of Medicine
550 First Avenue, MSB-195
New York, NY 10016

Tel: (212) 263-5394
Fax: (212) 263-6534

Please **print** this form, complete, and send to the address listed above

Please make checks payable to

FRIENDS OF THE LIBRARY

and return this form with your donation

- | | | |
|--|---------------|---|
| <input type="checkbox"/> Recent Graduate | \$25 | Class _____ |
| <i>(Class of 2004 or later)</i> | | |
| <input type="checkbox"/> Regular | \$75 | <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Sustaining | \$150 | <input type="checkbox"/> House Staff |
| <input type="checkbox"/> Donor | \$300 | <input type="checkbox"/> Receipt
requested |
| <input type="checkbox"/> Benefactor | \$500 or more | |

Name _____

Home Address _____

Phone Number _____