



C. Robert Craig Memorial Library  
c/o City of Ottawa Archives  
Mail Code 443  
110 Laurier Ave W  
Ottawa ON K1P 1J1

## **Membership and Donation Payment Form**

I support the objectives of the C. Robert Craig Memorial Library and would like to contribute to its success.

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

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

How did you hear about the Library? \_\_\_\_\_

Please accept the enclosed membership fee of \$20 and enroll me as a member.

Please accept the enclosed donation of \$\_\_\_\_\_ (minimum \$20) and enroll me as a member.

I do not wish to join but please accept my enclosed donation of \$\_\_\_\_\_ .

Please contact me if I can help by contributing time or expertise.

Registered Charity No. 14077 4365 RR0001