

DONATION INFORMATION

☐ One T	PLEASE ACCEPT MY: Time Gift or Monthly Gift
☐ \$2,500 (Maestro)	IN THE AMOUNT OF: ☐ \$1,000 (Maestro) ☐ \$500 (Concerto)
☐ \$250 (Overture)	☐ \$150 (Interlude) ☐ \$50 (Sonata)
□ OTHER:\$	
DONOR RECOGNITION	
☐ I would like to remain anonyn	mous. or Please print my name in the program as:
Optional: IN MEMOR	RY OF: IN HONOR OF: ON BEHALF OF:
☐ Please notify my honoree of this	s gift: Address:City/State/Zip:Email:
PAYMENT	
☐ ENCLOSED CHECK OR MONEY ORDER payable to: Firelands Symphony Orchestra	CREDIT CARD call the office to pay over the phone at 419.621.4800
BILLING INFORMATION	
First Name:	Last Name:
Address:	City/State/Zip:
Phone:	Email:
	☐ Please sign me up for your email newsletter