

Support your community and
great music at the same time!



Printable Donation Form

I/We would like to contribute \$ _____ to the Central Ohio Symphony's annual fund this year.

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Monthly Donation

I would like to support the Symphony all year round with a monthly donation on my Credit Card. I pledge \$ _____ per month for 12 months. (Minimum \$10 per month)

One Time Donation

- | | | | |
|--------------------------------------|----------------|-------------------------------------|-------|
| <input type="checkbox"/> Contributor | \$50 | <input type="checkbox"/> Donor | \$100 |
| <input type="checkbox"/> Patron | \$250 | <input type="checkbox"/> Benefactor | \$500 |
| <input type="checkbox"/> Sustainer | \$1000 & above | | |

Check Enclosed (please make payable to the Central Ohio Symphony)

I have enclosed from my company a matching contributions form.

I would like to use my Credit Card: Mastercard Visa Discover American Express

1. Card Number: _____

2. Expiration Date _____

3. Security Code _____

Signature: _____ Date: _____

Thank you. We will promptly send you a donation receipt.

Please print and mail this form to: P.O. Box 619, Delaware, Ohio 43015

**You can bring it in person to the Symphony Source office at 24 East Winter Street
(We do not get mail delivered at the street address)**

**Call us and we can help with you personally with your donation (740) 362-1799
www.centralohiosymphony.org info@centralohiosymphony.org**