

Contribution Form (PLEASE PRINT)

Yes, I would like to support music education at MacPhail Center for Music with a gift to the Annual Fund.

Please complete the following information and mail to MacPhail Center for Music at the address above.

My gift is for the following amount:

\$50 \$100 \$250 \$500 \$1,000 Other Amount \$ _____

Donor Information

Donor Name: _____

Donor Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

Email Address: _____

Please list my/our name in publications as follows:

Recognition Name: _____

I/we wish to remain anonymous

Payment Information:

My tax-deductible gift of \$_____ is enclosed.
Please make checks payable to MacPhail Center for Music

Credit Card Type: Visa MasterCard Am Exp Discover

Card Number: _____ Exp Date: ____ / ____

Name on Card: _____ Security Code: _____

Tribute Gift: In Honor of In Memory of: _____

(Tribute Name)

For Tribute Gifts – Send notification of gift to: No need for notification

Notifyee Name: _____

Notifyee Address: _____

Notifyee City, State & Zip: _____

My company may match my gift. My employer is: _____

Please check with the Human Resources Department of your employer to see if they match an employee's charitable contributions.

If you have any questions, please contact us at 612-767-5308.

Thank you in advance for your support!!!