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YES! I/We wish to give than	ks for our year-round, <mark>professi</mark>	onal symphony orchestra and be o	counted
among the Friends of the Or	chestra by making a donation	of\$	1/4
		*	
☐ In honor/memory of		20	
\square I wish to forego the premi	um and receive the full tax-dec	duction for my donation.	ANE WAS
Name:	3 3		
Please pri	nt your name as you would like it to appe	ear in the concert program.	
Address:			
Tel:	Email:		THE STATE OF THE S
Credit Card#:	100 100 100	Exp.Date	
Name on Card	1.7.8	CVV:	11.11