

Your Membership Gift Makes A Difference

Join...Share The Music...Enjoy

Annual Fund Campaign



CHARLOTTE SYMPHONY

PLACE
STAMP
HERE

CHARLOTTE SYMPHONY
Christof Perick Music Director
Midtown Plaza
1300 Baxter Street
Suite 300
Charlotte, NC 28204-3083

Join...Share The Music...Enjoy

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

Please list name as it should appear in the program _____

- I would like to know how to make a planned gift to the Symphony.
 I have remembered the Charlotte Symphony in my will or estate plans.

Membership Categories:

- | | |
|---|--|
| <input type="checkbox"/> \$25,000 - + - Platinum Podium | <input type="checkbox"/> \$1,250 - \$1,999 - Patron |
| <input type="checkbox"/> \$12,000 - \$24,999 - Gold Baton | <input type="checkbox"/> \$ 750 - \$1,249 - Affiliate Member |
| <input type="checkbox"/> \$ 6,000 - \$11,999 - Conductor's Circle | <input type="checkbox"/> \$ 500 - \$ 749 - Sustaining Member |
| <input type="checkbox"/> \$ 3,500 - \$ 5,999 - Founder | <input type="checkbox"/> \$ 250 - \$ 499 - Contributing Member |
| <input type="checkbox"/> \$ 2,000 - \$ 3,499 - League Benefactor | <input type="checkbox"/> \$ 1 - \$ 249 - Friend |

Enclosed is my gift of \$ _____ My Employer will Match my gift. *Please include matching gift form.*

I/We pledge \$ _____ Please bill me \$ _____ for my pledge starting _____ (date).

Pledges should be paid in full by June 30th.

- Monthly Quarterly Semi-Annually Annually

Gift Designation: *(optional)*

- Healing Hand hospital visits Oratorio Singers of Charlotte Youth Orchestra

Please charge my gift: MasterCard  Visa  American Express 

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CARD NUMBER

EXPIRES (Month/Year) _____

SIGNATURE _____

- I prefer NOT to receive membership benefits and request that 100% of my gift be used to support the Symphony and be fully tax-deductible.

Thank you for believing Music Matters. • Please make your check payable to Charlotte Symphony.

To make a gift of stock/securities please contact the Development Office 704-972-2003 ext. 226

Tax ID #56-6011568