

QUINCY SYMPHONY ORCHESTRA ASSOCIATION

Annual Fund Contribution Form

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Print name(s) as it should appear in the next season's Concert Program. Our campaign ends on June 30.
(Donations of \$25.00 and over will be listed in the concert program)

A contribution at any level would be so greatly appreciated! THANK YOU!

ANNUAL FUND GIFT LEVELS

- | | | |
|---|---|--|
| <input type="checkbox"/> \$2,500 - \$4,999 Silver Baton | <input type="checkbox"/> \$125 - \$299 Virtuoso | <input type="checkbox"/> Contribution of \$_____ enclosed. |
| <input type="checkbox"/> \$1,000 - \$2,499 Maestro | <input type="checkbox"/> \$75 - \$124 Sinfonia | <input type="checkbox"/> Charge my credit card \$_____ below.** |
| <input type="checkbox"/> \$600 - \$999 Concertmaster | <input type="checkbox"/> \$25 - \$74 Concerto | |
| <input type="checkbox"/> \$300 - \$599 Principal | <input type="checkbox"/> Other \$_____ | <input type="checkbox"/> I have included the QSOA Endowment Fund
in my Estate Plan. |

**Credit/Debit card users – donating online at www.qsoa.org will remove fewer processing fees from your donation.

Charge my: Visa MasterCard Amex Discover # _____

Exp. Date (mm/yy) _____ Security Code _____ Signature for Authorization _____

To contribute by check, please make payable to the: **Quincy Symphony Orchestra Association or QSOA**
200 N. 8th Street, Suite 102, Quincy, IL 62301