

## Yes - I want to become a Symphony Champion!

Here is my one-time donation of \$\_\_\_\_\_OR I would like to make a monthly contribution in the amount of \$\_\_\_\_\_ NAME (as you would like it listed in the programme)\_\_\_\_\_ I'd like my gift to remain anonymous ADDRESS: CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ **PAYMENT METHOD** I have enclosed a cheque Please charge my credit Card CARD NUMBER:\_\_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ CSC (3-digits): \_\_\_\_\_ I authorize a Pre-Authorized Debit from my bank account BANKING INFORMATION FINANCIAL INSTITUTION NAME (FI) \_\_\_\_\_ TYPE OF SERVICE: PERSONAL BUSINESS INSTITUTION NUMBER (3 digits): TRANSIT NUMBER (5 digits): ACCOUNT NUMBER: \_\_\_\_\_ FINANCIAL INSTITUTION ADDRESS: CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_ POSTAL CODE: \_\_\_\_\_



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