

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: _____

DATE: _____ SIGNATURE: _____