

Personal Information

Your name _____

Address _____

Phone _____

Email _____

Name as you would like it to appear in publications.

I wish to remain anonymous

GIFT AMOUNT

\$100
Contributor

\$300
Supporter

\$500
Sustainer

\$1,000
Benefactor

\$1,500
Musician's Circle

\$2,500
Asst. Principal

\$3,500
Principal

\$10,000
Music Director

\$15,000
Partner with a Player

\$25,000
Andreas Delfs Society

\$35,000
Edo de Waart Society

\$50,000
Kenneth Schermerhorn Society

\$100,000
Harry John Brown Founder's Society

Other Amount: _____

Method of Payment *(choose one)*

I wish to pay by credit card:

American Express Discover Mastercard Visa

Card # _____ Exp. Date _____ CVV Code _____

Signature _____

Charge my credit card for the full amount

Charge my card in installments, to be billed on the 15th of the month:

Monthly Quarterly *BEGINNING* _____

Or these designated months:

Jan Feb Mar Apr May Jun
 Jul Aug Sep Oct Nov Dec

My check is enclosed, payable to: Milwaukee Symphony Orchestra

Additional Information

I would like to decline benefits for tax deductibility.

This is a gift in the honor of:

This is a gift in memory of:

I would like someone to contact me about including the Milwaukee Symphony in my estate plans.

Matching Gifts

Company Name _____

Match Amount _____

Print, fill out completely and mail this for to:

Milwaukee Symphony Orchestra
Development Department
1101 North Market Street, Suite 100
Milwaukee, WI 53202

Or Call or Fax:

T: 414.226.7851 | Will Loder
F: 414.224.8420