

# THANK YOU

for your generous support of the Milwaukee Symphony

## 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