

BECOME A MEMBER OF AMICI DI MUSICA at EVANGEL

Name(s) _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

E-mail Address _____

May we use e-mail to communicate with you about Friends of Music Events? Yes No

I WOULD LIKE TO JOIN AMICI DI MUSICA at E.U. AT THE FOLLOWING LEVEL:

- Virtuoso (lifetime gifts of \$5,000 or more)** **Maestro (\$1,000+)** **Impresario (\$500 – \$999)** **Composer (\$250 – \$499)** **Friend (\$50-\$249)**
 Corporate Sponsor (\$2,500) ~ Will include full page ad in various Music Programs throughout the year.

Please acknowledge my gift in memory/in honor of _____

I have attached my company's matching gift form to increase my level of support.

I am willing to be a volunteer for Amici di Musica at Evangel

PAYMENT METHOD

A. A check (payable to Evangel University) in the amount of \$_____ is enclosed.

B. Please charge \$_____ to my credit card: Visa MasterCard American Express

C. I would like to join through a payment plan. Please charge \$_____ (every month, quarter, six months)
for a total of \$_____ to my credit card: Visa MasterCard American Express

Cardholder Name (please print): _____

Card# _____ Exp. Date _____

Signature _____

Your contribution is tax deductible to the full extent of the law.