

GIVE THE GIFT OF MUSIC

Please print your name as you would like it to appear in the KJSO's programs.

Name _____

Address _____

Phone _____

Email _____

- | | | | |
|---|---------------|--------------------------------------|--------------|
| <input type="checkbox"/> First Chair Circle | \$500 or more | <input type="checkbox"/> Sustaining | \$50 or more |
| <input type="checkbox"/> Benefactor | \$250 or more | <input type="checkbox"/> Subscribing | \$25 or more |
| <input type="checkbox"/> Patron | \$100 or more | <input type="checkbox"/> Member | under \$25 |
- Enclosed is my check, made payable to the KJSO in the amount of \$ _____
- My employer matching gifts form is also enclosed



**Kalamazoo
Junior Symphony
Orchestras**

Mailing Address:
714 S. Westnedge Ave.
Kalamazoo, MI 49007

Thank you for your support!