

Print Me!



Name: (Please print)

Address: _____

City/State
Postal Code _____

Email _____

In Honor of _____

In Memory of _____

Please charge my gift to:

-
-
-
-

Membership Levels

- \$3000+ Diamond Maestro
- \$2000 Platinum Maestro
- \$1500 Golden Maestro
- \$1000 Silver Maestro
- \$500 Orchestra Angel
- \$300 Benefactor
- \$100 Whole Note
- \$50 Half Note
- \$25 Quarter Note
- \$___ Other

Card Number _____

Exp Date: ____/____ (mo/yr). Gift Amount \$ _____

Signature _____

My company provides matching gifts

Intrested in Volunteering?

===== *Fold* =====

(Please print)

Mail to:

Clarence Concert Association
P.O. Box 117
Clarence, N.Y. 14031