

## 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