

Support the Bellingham Festival of Music - Make a Donation

Name(s): _____

Address: _____ City _____ State _____ Zip _____

Tel: Daytime _____ Evening _____

Email: _____

Name(s) you wish to appear on the program _____

Please do not list me in the program

Individual Membership Levels:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Friend
\$75 - \$149 | <input type="checkbox"/> Enthusiast
\$150 - \$249 | <input type="checkbox"/> Aficionado
\$250 - \$499 | <input type="checkbox"/> Devotee
\$500 - \$999 |
| <input type="checkbox"/> Patron
\$1,000 - \$2,499 | <input type="checkbox"/> Sustaining Patron
\$2,500 - \$4,999 | <input type="checkbox"/> Visionary
\$5,000 - \$9,999 | <input type="checkbox"/> Concert Sponsor
\$10,000 - \$24,999 |
| <input type="checkbox"/> Season Sponsor
\$25,000 | | | |

Amount of support \$ _____

Method of Payment: Check _____ Credit Card _____ Other _____

Visa: # _____ expiration date ____/____

Pledge: Please bill me monthly \$ _____ or quarterly \$ _____

Please contact me about making a donation of stock _____

Benefits: Please indicate below if you elect to decline benefits.

_____ I/We would like this contribution to be fully tax deductible and choose to decline benefits.

Matching Gift Program: Do you work for a company that will match your gift to the Festival? Corporate matching gifts provide a wonderful opportunity to double your contribution.

_____ I will/have contacted my employer to request a matching gift form.

Employer: _____

Please return your completed support form to:

Bellingham Festival of Music, P O Box 818, Bellingham, WA 98227

Tax-Deductibility: All contributions are tax deductible less the fair market value of the benefits provided.

The Bellingham Festival of Music is a 501©(3) organization. Our Tax ID is 91-1599603

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