
Columbia Summer Winds



MAILING INFORMATION:

Name: _____

Company/Title (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____ (fax) _____

Email address: _____

PROGRAM INFORMATION

Please include my listing as: _____

_____ I wish to remain anonymous.

MEMBERSHIP INFORMATION

| Membership Level | Amount | Non-Tax Deductible Amount |
|---------------------------------------|-----------------|---------------------------|
| <input type="checkbox"/> Fermata | \$500 and above | \$40 |
| <input type="checkbox"/> Whole Note | \$250-\$499 | \$10 |
| <input type="checkbox"/> Half Note | \$100-\$249 | \$10 |
| <input type="checkbox"/> Quarter Note | \$50-\$99 | \$0 |

TAX DEDUCTIBILITY

Columbia Summer Winds is a not-for-profit institution. All contributions are tax deductible, less the fair market value of the benefits provided, unless you indicate that you wish to decline benefits.

_____ I wish to decline benefits

PAYMENT METHOD

I/We have enclosed a check in the amount of \$ _____.
Please make all checks payable to **Columbia Summer Winds**.

I/We have donated online in the amount of \$ _____.