

## **choral.ography**Donation Form

Donor/Company Name:				
Company Representative (full name)				
Company Administrator/Executive (full name)				
Donor/Company Street Address:				
Phone Number:	Street	_ Email Address: _	City	Zip
Name to appear in p	rogram:			
Send logo to: <u>rbaker@summitchoralsociety.org</u> by February 23rd.				
DONATION INFORMATION				
Item Name Or Monetary Donation				
Description Or Monetary Amount				\$
Expiration Date: Item Value:				
Mail Donation to:	Summit Choral Society 140 E. Market Street Akron, OH 44308			Office Use Only:  Database
Donations to be received by Friday, February 23rd.  My donation is in the mail.  Please accept the enclosed monetary donation.  Please invoice me for the amount above, monetary donation  *Please make checks payable to: Summit Choral Society.  THANK YOU!				
Detach below for your records				
Choral•ography Donation Receipt  140 E. Market Street Akron, OH 44308  Donation:				
Value:		Date:		CHORAL
Summit Choral Society Tax Exempt #: 34-1658034				