



choral.ography
Donation Form

Donor/Company Name: _____

Company Representative (full name) _____

Company Administrator/Executive (full name) _____

Donor/Company Street Address: _____

Phone Number: _____ Street _____ City _____ Zip _____
Email Address: _____

Name to appear in program: _____

Send logo to: rbaker@summitchoralsociety.org by March 14, 2025

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

Entered by _____

Donations to be received by Friday, March 14.

- 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: _____

Summit Choral Society Tax Exempt #: 34-1658034

