



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: _____

Questions? 330-434-7464

Send logos to: rbaker@summitchoralsociety.org

DONATION INFORMATION

Monetary Amount \$ _____

CC# _____

Expiration Date: _____ CVV: _____

Check # _____ **Please make checks payable to: Summit Choral Society.*

Mail Donation to: **Summit Choral Society**
140 E. Market Street
Akron, OH 44308

Office Use Only:

Database

Entered by _____

____ Please invoice me for the amount above, monetary donation

Donations be received by October 1 will be represented in the current season program booklet.
Donations made after October 1 will be represented in next season's program booklet

Detach below for your records

Maynard Family Foundation Scholarship Fund
Donation Receipt

140 E. Market Street

Akron, OH 44308



Donation: \$ _____ Date: _____

Summit Choral Society Tax Exempt #: 34-1658034

summitchoralsociety.org

330.434.7464

summitchoralsociety@gmail.com