



2019-20 ANNUAL SUPPORT

Please print, complete, and mail this form to the address provided at the bottom.

1. Pledge/Intent to Donate

Name: _____

I would like to make a gift/pledge of:

\$50 \$100 \$250 \$500 Other: _____

2. Donor Information

Kindly complete this section even if you think we have your information:

Name of Donor

Address

Phone

Email

We'd like to get to know you better! What year did you attend your first Cleveland Orchestra concert? _____

3. Gift Recognition

- I would like to be recognized in the program book as _____ (Gifts of \$300+ are eligible for recognition)
- I prefer to remain anonymous.
- I wish to decline all benefits associated with this gift. Visit clevelandorchestra.com/donorbenefits for more information

4. Method of Contribution

- I would like to fulfill my pledge now.
 - My check is enclosed (payable to The Cleveland Orchestra)
 - I wish to donate shares of stock. Please contact me directly. (More information can be found at www.clevelandorchestra.com/donatestock.)
 - Please send me an invoice: Monthly Quarterly Annually
 - Please charge my credit card: One-Time Monthly Quarterly Annually
 Visa Mastercard Discover Amex

Card Number

Exp. Date

CVV

Signature

Date

- This is not a pledge. I will, however, recommend that a gift be made to you from the following foundation, donor-advised fund, or my IRA: _____
- My company will match my gift. (Please obtain matching gift forms from your employer and return with this form.)
- I have included the Orchestra in my will.
- I would like information about estate planning.

The Cleveland Orchestra, Severance Hall, 11001 Euclid Avenue, Cleveland OH 44106
phone: 216-456-8400 | fax: 216-231-8447 | email: donate@clevelandorchestra.com