

# Donor Form

Please complete this form and fax it to (510) 848-8022 (credit card donations only), or mail it to:

The Pacific Mozart Ensemble  
P O Box 5635  
Berkeley, CA 94705

Please accept my gift of:

- \$ 35
- \$ 50
- \$100
- \$150
- Other \$ \_\_\_\_\_

Enclosed is a check or money order payable to The Pacific Mozart Ensemble in the amount of \$ \_\_\_\_\_

- Please charge my gift of \$ \_\_\_\_\_ to:
- VISA
  - MasterCard
  - American Express

Card number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Please make my gift in honor of \_\_\_\_\_  
Please make my gift in memory of \_\_\_\_\_

I wish to remain anonymous

Please add my email address to the E-Newsletter subscriber list. All information will remain private: email address \_\_\_\_\_