

## SUPPORT INNOVATION! SUPPORT THE ORCHESTRA NOW

### DONOR INFORMATION

Salutation:  Mr. and Mrs.  Mr.  Mrs.  Ms.  Dr.  Other (specify): \_\_\_\_\_

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Name as it should appear in publications: \_\_\_\_\_

(Specify if you wish to remain anonymous.)

### YOUR CONNECTION TO TŌN

Parent  Grandparent  Friend  Faculty/Staff  Student  Concert Patron

Class year (if applicable): \_\_\_\_\_

### GIFT INFORMATION

I/We would like to support TŌN with a tax-deductible gift of:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Conductor's Box \$5,000 | <input type="checkbox"/> Trumpeter \$500 | <input type="checkbox"/> Downbeat \$75   |
| <input type="checkbox"/> Allegro \$2,500         | <input type="checkbox"/> Crescendo \$300 | <input type="checkbox"/> Other: \$ _____ |
| <input type="checkbox"/> Forte \$1,000           | <input type="checkbox"/> TŌNor \$150     |  |

My employer will match this gift (name of employer) \_\_\_\_\_

For more information on Giving Levels and donor benefits, please visit [theorchestranow.org/support](http://theorchestranow.org/support).  
You may wish to decline all benefits with a market value to make your gift 100% tax-deductible.

### PAYMENT INFORMATION

My check is enclosed, made payable to Bard College.

Please charge my:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Please print name as it appears on card: \_\_\_\_\_

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

**RETURN FORM TO** Bard College, Office of Development and Alumni/ae Affairs,  
P.O. Box 5000, Annandale-on-Hudson, NY 12504

**QUESTIONS?** Contact Nicole M. de Jesús at 845.758.7988 or [ndejesus@bard.edu](mailto:ndejesus@bard.edu).