

Back Bay Chorale Donation Form

Please check here if you do NOT wish to be recognized in our programs.

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Telephone: _____

Email address: _____

I would like to make a donation of: \$ _____.

I would like this to be a monthly recurring donation Yes No

Please choose from the following options.

A check made out to the Back Bay Chorale is included.

bill my Credit Card: VISA MASTERCARD AMEX

Credit Card Number _ _ _ _ _

Expiration Date _ _ / _ _ / _ _

Please return this form to:

The Back Bay Chorale
Sponsorship Program
P.O. Box 170051
Boston, MA 02117

or call (617) 648-3885 for more information.