

## Donation Form

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Please add me to your mailing list.

I would like to make a donation in the amount of: \$ \_\_\_\_\_

*Please choose one of the following options.*

I am including a check made out to: Back Bay Chorale

Bill my Credit Card:

VISA

MASTERCARD

AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Security Code (VISA/MC): \_\_\_\_\_

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

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

***Thank you for your support!***

*Please return this form to:*

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

..... *Cut or tear off for your records:* .....

### **My Gift to the Back Bay Chorale**

Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Check number: \_\_\_\_\_  Credit Card (last 4 digits): \_\_\_\_\_