

Donor Information*Give the Gift of Music*

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone H _____ W _____
 Email _____

I would like to sponsor a student:

- \$360 Financial Need Scholarship
 \$360 Merit Scholarship
 \$150 Summer Program

I would like to get involved:

- Board of Directors
 Fundraising Committee
 Assist with Special Projects

Thank you for supporting Music Academy of Eastern Carolina.

Please see reverse side for additional payment options.

Pledge Form**Gift Amount \$** _____

- \$ 120.00 (\$10/month)
 \$ 200.00 (\$15/month)
 \$ 240.00 (\$20/month)
 \$ 365.00 (\$1/day)
 \$ 600.00 (\$50/month)
 \$ 730.00 (\$2/day)
 \$ 900.00 (\$75/month)
 \$1200.00 (\$100/month)
 \$ _____ other

To be paid:

- now monthly quarterly annually
 Payment enclosed in full
 First Installment enclosed

*Please make tax deductible checks payable to:
 Music Academy of Eastern Carolina*

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Please charge to my: Visa MasterCard

Card # _____

Expires _____ Phone (_____) _____

Signature _____

- I'll pay in installments. Please bill my credit card:(1st of month)
 Monthly Quarterly

Music Academy of Eastern Carolina gratefully accepts contributions through wills, trusts and bequests.

- I have included Music Academy in my estate plans.
 I would like more information on your planned giving program.

Comments:

Gift will be matched by _____
(company, family, foundation)

- Form enclosed Form will be forwarded

Acknowledgement Information:

- Please recognize this contribution as listed on the reverse side.
 Please use the following name(s) in all acknowledgements:

 Please recognize the scholarship in the following name(s):

 I (we) wish to have our gift remain anonymous.

Music Academy of Eastern Carolina
1400 Red Banks Road Greenville, NC 27858

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Card # _____

Expires _____ Phone (_____) _____

Signature _____

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