Donor Information	Give the Gift of Music	Pledge Form
Name	(Charles)	Gift Amount \$
		\$ 120.00 (\$10/month)
Address		\$ 200.00 (\$15/month)
CityState	Zip Code	\$ 240.00 (\$20/month) \$ 365.00 (\$1/day)
Phone H	W	\$ 505.00 (\$174ay) \$ 600.00 (\$50/month)
Thone 11	w	\$ 730.00 (\$2/day)
Email		\$ 900.00 (\$75/month)
I would like to sponsor a student:	I would like to get involved:	□ \$1200.00 (\$100/month)
\$360 Financial Need Scholarship	Board of Directors	• s other
•		To be paid:
\$360 Merit Scholarship	☐ Fundraising Committee	now monthly quarterly annually
□ \$150 Summer Program	☐ Assist with Special Projects	☐ Payment enclosed in full☐ First Installment enclosed
Thank you for supporting Music	Academy of Eastern Carolina.	
Please see reverse side for additional payment options.		Please make tax deductible checks payable to:
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Please charge to my: Visa MasterCard	Gift will be matched by
Card #	(company, family, foundation)
ExpiresPhone ()_	Form enclosed Form will be forwarded
Signature	Acknowledgement Information:
I'll pay in installments. Please bill my credit card:(1st of month)	Please recognize this contribution as listed on the reverse side.
☐ Monthly ☐ Quarterly	Please use the following name(s) in all acknowledgements:
Music Academy of Eastern Carolina gratefully accepts contributions through wills, trusts and bequests. I have included Music Academy in my estate plans.	Please recognize the scholarship in the following name(s):
☐ I would like more information on your planned giving program. Comments:	☐ I (we) wish to have our gift remain anonymous.
	Music Academy of Eastern Carolina 1400 Red Banks Road Greenville, NC 27858
Please charge to my: Visa MasterCard	Gift will be matched by (company, family, foundation)
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