

## **DONOR CARD**

Thank you for choosing to support Sarasota Opera! Use this form if you would like to mail your gift, pledge support to be paid later, or to set-up fulfillment of your gift using monthly instalments. **Mail your completed form to: Sarasota Opera; Attn: Development Dept.; 61 N. Pineapple Ave.; Sarasota, FL 34236.** 

## **CONTACT INFORMATION**

NAME	:			
	(as you'd like for	r it to appear in recogn	ition materials)	
ADDRE	ESS:			
CITY:		STATE:	ZIP:	
PHONI	E: ()	EMAIL:		
	DONAT	TION INFORM	ATION	
COMM	IITMENT: I/we intend to support S	arasota Opera with a	total gift of: \$	
To sup	p <b>ort:</b> STAR Program (\$75 - \$5,999) Co-Producer Program (\$6,000+)	_	a Youth Opera (\$50+) a Opera Education Programs (\$500+)	
To be paid:  Now  Monthly (must be paid by May 31) \$				
With:	Check (□ enclosed □ to come)	_	Advised Fund/Family Foundation:	
0	Credit Card  □ AMEX □ Visa	☐ Mastercard	□ Discover	
	Card #:		Expiration:	
0	Stock Transfer (contact developm	ent@sarasotaopera.or	g if you need transfer information)	
My company,			, also matches my charitable giving.	
They will send a further gift of \$		/ match	% of my gift.	
Signature:			Date:	

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