



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 it to appear in recognition materials)

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DONATION INFORMATION

COMMITMENT: I/we intend to support Sarasota Opera with a total gift of: \$ _____.

To support:

- STAR Program (\$75 - \$5,999)
Sarasota Youth Opera (\$50+)
Co-Producer Program (\$6,000+)
Sarasota Opera Education Programs (\$500+)

To be paid:

- Now
Quarterly
Monthly (must be paid by May 31) \$ _____ per month
Yearly

With:

- Check (enclosed to come)
Donor Advised Fund/Family Foundation:
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AMEX Visa Mastercard Discover
Card #: _____ Expiration: _____

- Stock Transfer (contact development@sarasotaopera.org 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: _____