

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 i	it to appear in recogni	ition materials)	
ADDRE	ESS:			
CITY:		STATE:	ZIP:	
PHONE: ()		EMAIL:		
	DONATI	ON INFORMA	ATION	
COMM	IITMENT: I/we intend to support Sa	rasota Opera with a t	otal gift of: \$	
To sup	port: STAR Program (\$50 - \$5,999) Co-Producer Program (\$6,000+)	Youth Opera & Education Fund (\$50+)Artistic Achievement Fund (\$5,000+)		
To be paid: Now Monthly (must be paid by May 31) \$		Quarterly Yearly		
With:	Check (□ enclosed □ to come)	_	Donor Advised Fund/Family Foundation:	
0	Credit Card □ AMEX □ Visa	 ☐ Mastercard	□ Discover	
	Card #:		Expiration:	
0	Stock Transfer (contact developme	nt@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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