

III. True Concord Board Member Annual Fund Commitment

I, _____, wish to make a gift to True Concord for the _____ fiscal year in the amount of: \$ _____.

I prefer to pay this amount by check or credit card:

┆ Check enclosed

┆ By _____ / _____ / _____ (on or before June 30)

┆ In two payments, on _____ / _____ / _____ and _____ / _____ / _____

┆ Monthly, beginning on _____ / _____ / _____

┆ Other: _____

Credit Card Information:

Card Number: _____

Expiration Date: _____ / _____ Security (CV) Code: _____

Billing Zip Code: _____

Signature (if credit card): _____

┆ Please contact me about recognizing this gift through a concert or performance sponsorship.

┆ For program book listings, please recognize this gift as from: _____

Thank you for your commitment to True Concord!

Please return this form to
True Concord Voices & Orchestra, PO Box 64912, Tucson, AZ 85728-4912