



*You are about to change  
a young person's life.*

## Scheduled Contribution Form

### *Part 1*

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Your name:

Your phone number:

Your email address:

Your address (as it appears on your credit card or bank statement), including zip code:

Monthly amount:      \$50 (annual amount pays for one school-wide music workshop)

\$100 (annual amount pays for free music lessons for **two** students)

Other amount: \$

Start date:

End date:

*(Write "none" if you wish your donation to be ongoing.)*

Day of month on which you'd like your donations to occur (if you have a preference):

### *Part 2*

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*Your donation can be charged to your Visa or MasterCard or deducted directly from your bank account.*

Credit card #:

Expiration date:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To have your donation deducted from your bank account, please sign above and attach a voided check.*