



DONATION FORM

I would like to make a tax deductible donation of \$_____.

Check enclosed.

Charge to Visa MC Discover American Express

Card # _____ Exp Date _____ Security Code _____

Name on card _____

Address _____

City/State/Zip _____

Phone _____ Email _____

I wish to remain anonymous.

CONTRIBUTERS: Chorale Acadienne welcomes and depends on contributions from individuals and corporations. Contributors will be recognized in the following categories:

Season Sponsor Levels

Season Sponsor	\$10,000 and up
Season Co-Sponsor	\$5,000 to \$9,999
Concert Sponsor	\$2,500 to \$4,999
Concert Co-Sponsor	\$1,000 to \$2,499

Donor Levels

Benefactor	\$500 to \$999
Sustainer	\$250 to \$499
Friend	\$100 to \$249
Supporter	up to \$99

Fundraiser Sponsor Level

Moonlight & Music Sponsor \$500

Please make checks payable to & mail this form to:

Chorale Acadienne

P.O. Box 53868

Lafayette, LA 70505-3868

Thank you for supporting Chorale Acadienne!