

Make A Donation

“Play one of the biggest parts in the Symphony!”



“I am delighted to be the Central Ohio Symphony’s Music Director and urge you to support this quality ensemble,” says Maestro Morales-Matos.

The orchestra’s mission is to provide **Excellence** in performance and educational programs to the central Ohio community. Without contributions like yours, the Central Ohio Symphony would not be able to provide the joy of music to audiences of all ages.

Please print, complete and mail this form along with your contribution. If the company for which you work matches employee gifts, please take the time to include their form and we will complete it and contact your employer to increase your level of support. We will send a donation receipt acknowledging your gift. All donations are tax deductible to the fullest extent of the law.

Celebrate a special event, or honor a special person by sponsoring a piece of music or even a full concert with your tribute recognized in the concert program. This can be a nice surprise for your parents, your spouse or even your favorite music aficionado. For a continuing remembrance of someone you love, consider endowing an orchestra chair in their name.

The staff at the Symphony office can provide information on these special forms of recognition.

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____

PLEASE CHECK CATEGORY

- | | | | |
|--------------------------------------|----------------|-------------------------------------|-------|
| <input type="checkbox"/> Contributor | \$50 | <input type="checkbox"/> Donor | \$100 |
| <input type="checkbox"/> Patron | \$250 | <input type="checkbox"/> Benefactor | \$500 |
| <input type="checkbox"/> Sustainer | \$1000 & above | | |

I/We would like to contribute \$ _____ to the Central Ohio Symphony’s 2009-2010 Annual Fund Campaign

- Check Enclosed (please make payable to the Central Ohio Symphony)
 I have enclosed from my company a matching contributions form.
 Mastercard Visa Discover American Express

Card Number: _____ Expiration Date _____
Signature: _____ Date: _____

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