

Patron Contribution Form



I. NAME AND ADDRESS *(Please print)*

Name _____
 Address _____
 City, State, Zip _____
 Telephone (____) _____
 Area Code

II. CONTRIBUTION LEVEL

A gift of \$25 or more entitles you to one or more complimentary tickets for the next two concerts. Your gift through the NMU Foundation, minus the value of your complimentary tickets, is deductible from your federal income tax and qualifies for a 50% credit on your Michigan state income tax.

Please checkmark your level, and fill in your Contribution Amount. You will be given the number of tickets listed at your level, unless you indicate fewer in Section III.

CHORAL ARTS PROMOTER \$1,500 This level supports our ability occasionally to commission and perform original musical works, and to bring the composers to Marquette to prepare world premiere performances here. We will involve you in our plans for future commissionings and identify your name with the project your gift supports. You also will be given up to 8 tickets for each concert.

COMMISSIONING BENEFACTOR \$1,000 This level also supports our commissioning projects. We will involve you in our plans for future commissionings and identify your name with the project your gift supports. You also will be given up to 6 tickets for each concert.

		December Tickets	April Tickets		December Tickets	April Tickets	
<input type="checkbox"/> CHORAL ENTHUSIAST	\$500 to \$999	5	5	<input type="checkbox"/> FRIEND	\$75 to \$199	2	2
<input type="checkbox"/> BENEFACTOR	\$300 to \$499	4	4	<input type="checkbox"/> DONOR	\$25 to \$74	1	1
<input type="checkbox"/> CONTRIBUTOR	\$200 to \$299	3	3	<input type="checkbox"/> SUPPORTER	up to \$24	Thank you for your continued support.	

ENTER CONTRIBUTION AMOUNT \$

THANK YOU!

III. TICKETS I do not wish to receive complimentary tickets. I prefer to have my entire donation receipted by the NMU Foundation.
 I would like fewer complimentary tickets than listed above, and understand that this will increase the deductible portion of my gift. Number of complimentary tickets desired:
 Number for December Number for April
(When concert is at St. Peter Cathedral, it is free and not ticketed.)

IV. ACKNOWLEDGMENT I wish to be acknowledged in the printed program as follows (Please print):

Anonymous: I do not wish to be acknowledged in the printed program.

V. METHOD OF PAYMENT

Check or Money Order payable to NMU Foundation – Marquette Choral Society.

Please charge my VISA MASTERCARD DISCOVER

Card No. _____ Exp. Date ____ — ____

Cardholder Signature _____

Please return this form with your donation to: NMU Foundation, 1401 Presque Isle Ave., Marquette, MI 49855.

For use by the NMU Foundation

Date Received	Contribution Amount	Initials

For use by the Choral Society

December Tickets	April Tickets