

## Thank you for supporting ESYO!

Your questions and feedback are very important to us. Please feel free to contact us at info@esyo.org or call 518- 382-7581. Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

DUNATION DE TAILS		
Today's Date	Donation Amount	
Please mark with an "x" where you w you intend.	rould like your money to go. This will enable	e us to apply your donation where
☐ Where It Is Needed Most	☐ Scholarship Fund	☐ Instrument Fund
□ CHIME	☐ Other (please specify):	
Will your employer match your gift?	Which Company?	
PAYMENT METHOD		
☐ <b>Check Enclosed</b> : If you have chos your check.	en a specific area for donation, please indic	cate that area on the memo line of
□ <b>Credit Card:</b> Please complete the	e information below.	
Card Type	Card Number	
Expiration/	Security Code	
Name as it appears on card		
Signature		

## Please mail this completed form to:

Empire State Youth Orchestra 45 MacArthur Drive Schenectady, NY 12302

## **DONOR INFORMATION** Donor Name: \_\_\_\_\_ Address: Country: \_\_\_\_\_ Email: (optional) **ACKNOWLEDGMENT** For all donations, please list your name(s) as you would like it to appear in our program book listings (separated by commas): Name(s) to acknowledge \_\_\_\_\_ I would like this donation to remain anonymous **DEDICATION INFORMATION (OPTIONAL)** Dedication Type \_\_\_\_\_ Dedication Honoree Name \_\_\_\_\_ Personal note to be included with acknowledgment \_\_\_\_\_ DEDICATION HONOREE ACKNOWLEDGMENT (OPTIONAL) First Name Last Name \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country:

Email: (optional)

## Thank you for your support!