

I would like to JOIN THE MEMBERSHIP to support the mission of the American Philharmonic - Sonoma County.

Membership benefits include reserved seating for performances, quarterly newsletter, listing in program as well as modest thank-you gifts based on level of membership.

I believe in what you are doing and I want everyone to have free access to the beautiful music of the American Philharmonic - Sonoma County. I will join as a:

Associate Member (without benefits) @ FREE

Student/Senior Member @ \$15.00       Individual Member @ \$25.00

Family Member @ \$50.00       Bronze Member @ \$100.00

Silver Member @ \$250.00       Gold Member @ \$500.00

Platinum Member @ \$1000.00 and above

I would like to donate to support the mission of the American Philharmonic Association

\$25  \$50  \$75  \$100  \$125  \$150  \$200  \$250  \$300  \$500  \$1000

I am enclosing a check  I am enclosing cash  Other: \$ \_\_\_\_\_

Please debit my VISA  Mastercard

CC#: \_\_\_\_\_ EXP: \_\_\_\_ / \_\_\_\_

Security Code. (Last 3 numbers on the signature panel on the back of your card) \_ \_ \_

In lieu of a cash contribution I would like to volunteer my services to assist the orchestra's mission

As a player  Help with Ushering/Concert Admin  Marketing and Publicity  Fundraising

I have a business/company and I would like to support your mission in another way

I would like an acknowledgement in your program  I would like a receipt  None of the prior necessary

Please complete by printing the following information:

Name/s \_\_\_\_\_

email: \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ Other \_\_\_\_\_

American Philharmonic is a California Nonprofit Corporation (501c3)

Your donation is TAX DEDUCTIBLE. Please keep a record of this donation to present to your CPA or Tax Preparer.

