



DONATION FORM

YES! I want to support Trenton Children's Chorus! Please accept my gift of \$ _____

Name(s) of Donor: _____
Name as you would like it to appear in publications

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Tel: _____

This contribution is being given (Please check one): In Honor In Memory

Honoree's Name: _____

Please notify the following individual of my gift to the Trenton Children's Chorus:

Name(s): _____

Organization (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip: _____

- My check is enclosed (Please make payable to Trenton Children's Chorus).**
- Please charge my credit card: (check one)** Visa Mastercard Amex
- Show even more support by making this a monthly gift.**

Name on card: _____

Credit Card Number _____ Exp. Date _____

Signature: _____

My company, _____, will match this gift.

**Please mail your gift to Trenton Children's Chorus.
Thanks for your support!**