



Binghamton Youth Symphony Orchestra



Donation Form: 2020-2021 Season

Donor Name _____

*Please **print** name, as you wish it to appear on your letter of acknowledgement.*

Address _____

City _____ **State** _____ **Zip** _____

E-Mail _____ **Phone** () _____

Please email me a PDF of the May 2020 Souvenir Program

NEW this season - make your donation "In Honor Of" a special person - we will send a card to that person informing them that a donation was made in their name. This is a wonderful way to honor a health care worker, teacher, anyone who values the arts, or someone special in your life.

Donor Levels

Sustainer	\$500 and up <i>Send up to 6 cards</i>	Benefactor	\$250 to \$499 <i>Send up to 5 cards</i>	Sponsor	\$100 to \$249 <i>Send up to 4 cards</i>
Patron	\$75 to \$99 <i>Send up to 3 cards</i>	Donor	\$50 to \$74 <i>Send up to 2 cards</i>	Supporter	Under \$50.00 <i>Send 1 card</i>

_____ **Number of cards requested**
Fill out form on the back

General Donation Enclosed \$ _____
Paying with check # _____
Paid online with credit card _____

"In Honor Of" acknowledgement cards are being offered instead of season tickets as a thank you for donations, as there are no concerts currently scheduled for this season due to COVID-19 restrictions.

Thank you for your contribution and support!

Who are you honoring?

On the back of this form is space for you to identify the special people you are honoring. Please print all information. We are very grateful for your donation and are honored that you have chosen to continue your support of BYSO.

Mail this completed form with payment to:

Binghamton Youth Symphony Orchestra, P.O. Box 1235, Binghamton, N.Y., 13902-1235

For Credit Card donations go to our website: www.binghamtonyouthsymphony.org

Click on Support and then the yellow donate button.

Indicate above that you paid online using a credit card and mail this completed form with your honor card recipients.

Questions? Contact us at BYSOinfo@gmail.com

*BYSO is a 501(c)(3) charitable organization. Copies of our most recent annual report may be obtained on request from:
Binghamton Youth Symphony Orchestra, P.O. Box 1235, Binghamton, NY, 13902
or from: New York State Attorney General's Charities Bureau, Attn. FOIL Officer, 120 Broadway, New York, NY, 10271.*

— **BYSO use only** —

Check Number _____ Amount Received _____ Date Received _____ Received by _____

Please fill in the name and mailing address of the people your donations are honoring.
Also indicate if you wish to be identified in the card, or if you want the honor to be anonymous.

Card #1

In Honor Of _____

Please print all information

Address _____

City _____ **State** _____ **Zip** _____

Identify me on the card as the donor ~or~ Keep my name anonymous

Card #2

In Honor Of _____

Please print all information

Address _____

City _____ **State** _____ **Zip** _____

Identify me on the card as the donor ~or~ Keep my name anonymous

Card #3

In Honor Of _____

Please print all information

Address _____

City _____ **State** _____ **Zip** _____

Identify me on the card as the donor ~or~ Keep my name anonymous

Card #4

In Honor Of _____

Please print all information

Address _____

City _____ **State** _____ **Zip** _____

Identify me on the card as the donor ~or~ Keep my name anonymous

Card #5

In Honor Of _____

Please print all information

Address _____

City _____ **State** _____ **Zip** _____

Identify me on the card as the donor ~or~ Keep my name anonymous

Card #6

In Honor Of _____

Please print all information

Address _____

City _____ **State** _____ **Zip** _____

Identify me on the card as the donor ~or~ Keep my name anonymous