

STRATHMORE

DONOR INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CONTRIBUTION DETAILS

My check in the amount of \$_____ is enclosed and made payable to Strathmore.

Please charge my credit card in the amount of \$_____.

Card Type: Visa Discover Mastercard American Express

Card Number: _____ Expiration Date: _____

WHERE WOULD YOU LIKE TO DIRECT YOUR GIFT?

Where the Need is Greatest

Artist in Residence

Capital Campaign

Exhibitions

Education & Community Programming

Maryland Classic Youth Orchestras of Strathmore

Strathmore Children's Chorus

TRIBUTES & MEMORIALS

This is a **tribute** or **memorial** gift.

In Honor/In Memory of: _____

Who may we notify?

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

DONOR RECOGNITION (for gifts of \$500 and above)

Please list my/our name(s) as follows: (if anonymous, please indicate that here)

Signature: _____ Date: _____

Donor(s)

Please complete and return this form to:

Strathmore

Attn: Advancement

5301 Tuckerman Lane

North Bethesda, MD 20852

*Thank you for investing in the
arts through Strathmore!*