

Thank you for your gift to the PALS Children's Chorus!

Personal Information

Salutation Mr. and Mrs. Mr. Mrs. Ms. Dr. Other (please specify)

Name(s) _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/we would like to support PALS with a tax deductible gift (please circle):

Friend	\$25	Patron	\$300
Member	\$60	Benefactor	\$1000
Sponsor	\$125	Director's Circle	\$5000

Other gift (please specify): _____

This gift is in honor or in memory of: _____

Yes, I/we give permission to be acknowledged in concert programs and other publicity materials.

My employer will match this gift. Yes No If yes, please include your employer's matching gift form, and provide the name of your employer here: _____

Your Interest

I/we would like more information about: Concerts and Performances
 Programs
 Getting involved with PALS

PLEASE RETURN COMPLETED FORM, CHECK (PAYABLE TO PALS CHILDREN'S CHORUS), AND (IF APPLICABLE), EMPLOYER MATCHING GIFT FORM TO:

PALS Children's Chorus, P.O. Box 470411, Brookline, MA 02447

Thank you!