



Please complete this form and mail it to the address at the bottom. Thank you!

1. Pledge/Intent to Donate

Name: _____

I would like to make a gift/pledge of:

- \$50 \$100 \$150 \$300
 \$600 \$1,250 \$2,500 Other: _____

I would like to designate my gift to support:

- Area of greatest need Artistic endeavors Education & Community Engagement
 Blossom Music Festival Other: _____
 I would like to make my gift in tribute to/memory of: _____

2. Gift Recognition

- I would like to be recognized in the program book as _____
 I prefer to remain anonymous.
 I wish to decline all benefits associated with this gift.

Visit clevelandorchestra.com/donorbenefits for more information

3. Donor Information

Address

Phone

Email

Please complete form on other side →

4. Method of Contribution

- I would like to fulfill my pledge now.
- My check is enclosed (*payable to The Cleveland Orchestra*)
- I wish to donate shares of stock. Please contact me directly. (*More information can be found at www.clevelandorchestra.com/donatestock.*)
- Please send me an invoice: Monthly Quarterly Annually
- Please charge my credit card: One-Time Monthly Quarterly Annually

Card Number

Expiration Date

- My company will match my gift. (*Please obtain matching gift forms from your employer and return with this form.*)
- This is not a pledge. I will, however, recommend that a gift be made to you from the following foundation, donor-advised fund, or my IRA:

5. Leave a legacy of music

- I have included the Orchestra in my will.
- I would like information about estate planning.

6. Please sign here to complete your pledge

Signature

Date

Please complete and return to: The Cleveland Orchestra, Severance Hall
11001 Euclid Avenue, Cleveland, OH 44106
phone: 216-456-8400 | *fax:* 216-231-8447 | *email:* donate@clevelandorchestra.com