

Please print, fill out and then mail in to the address on the bottom of the page.



SECOND ANNUAL BENEFIT GALA

___ ENCLOSED PLEASE FIND MY CHECK PAYABLE TO: CAROLINA PHILHARMONIC

___ PAYMENT BY CREDIT CARD: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

CARD NUMBER _____ EXP. DATE ___ SEC. CODE _____

NAME, AS IT APPEARS ON CARD _____

SIGNATURE _____

PLEASE FILL IN THE FOLLOWING INFORMATION:

NAME _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

How should we list any contribution in printed materials? (Ex.: John Doe, XYZ Company) _____

___ RESERVATION(S) \$100 EACH \$ _____

___ ACTIVE DUTY MILITARY RESERVATION(S) \$75 EACH \$ _____

___ I AM UNABLE TO ATTEND BUT WISH TO CONTRIBUTE \$ _____

___ MONTHLY TAX-DEDUCTIBLE GIFT BY CREDIT CARD: ___\$100 ___\$75 ___\$50 ___\$25

TOTAL \$ _____

___ Seat me/us at any table.

Please include at my table (tables of 8):

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____

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