

SUMMERVILLE MUSIC CLUB

DONATION FORM

PLEASE PRINT

NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

IF DESIRED, PLEASE INDICATE YOUR REASON FOR DONATING

WOULD YOU BE INTERESTED IN BEING ON A SUMMERVILLE MUSIC CLUB COMMITTEE _____

ANY DONATION AMOUNT IS APPRECIATED. PLEASE INDICATE THE AMOUNT _____ AND FORWARD THE FORM AND AMOUNT TO:

LIN HARNESS
194 GIBBON COURT
SUMMERVILLE , SC 29485

The Summerville Music Club is a 501 (c) (3) organization which makes your donation tax deductible. Please indicate if a receipt is desired. _____
