



**Tuscarawas Philharmonic Donor Pledge Levels
2018/2019 Concert Season**

- | | |
|--|--|
| <input type="checkbox"/> Season Sponsor \$10,000 & up | <input type="checkbox"/> Encore \$500 - \$999 |
| <input type="checkbox"/> Maestro \$5,000 - \$9,999 | <input type="checkbox"/> Sustaining \$300 - \$499 |
| <input type="checkbox"/> First Chair \$2,500 - \$4,999 | <input type="checkbox"/> Benefactors \$150 - \$299 |
| <input type="checkbox"/> Overture \$2,000 - \$2,499 | <input type="checkbox"/> Patrons \$100 - \$149 |
| <input type="checkbox"/> Spotlight \$1,000 - \$1,999 | <input type="checkbox"/> Friends \$25 - \$99 |



(We/I) would like to financially support the Tuscarawas Philharmonic at the level indicated above in the amount of \$ _____. (Our/My) pledge will be paid as follows;

- Full amount payment enclosed.
 Please invoice (us/me) for the full amount in _____ (month).
 (We/I) would like to complete (our/my) pledge in (4) payments (or less) as follows;

- 1st payment of \$ _____ enclosed
 2nd payment of \$ _____ in _____ (month)
 3rd payment of \$ _____ in _____ (month)
 4th payment of \$ _____ in _____ (month)

PLEASE send (us/me) a reminder when payments are due!

Make checks payable to TUSCARAWAS PHILHARMONIC

NOTE: All pledges must be completed by May 2019.

Please use the below credit card for (our/my) payment(s);
 Type of Card: VISA M/C Discovery Name on card: _____
 Card No. ____/____/____/____ Expiration Date: ____/____
 Sec. Code (back of card): _____ Authorized Signature: _____

Name(s) or Company Name: _____
 Mailing Address: _____
 City/State/Zip Code: _____
 Contact Person (if company): _____
 Contact Phone: _____ Ext. _____
 Signature (**required**): _____ Date: _____