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BELLEAYRE MUSIC FESTIVAL

2009 Contribution Form

Name (as you would like it to appear in the Program Book): _____

Date: _____

Mailing Address: _____

Town, State, Zip: _____

Phone: _____

Local Phone: _____

E-mail: _____

Ticket Value (for office use only): \$ _____

Contribution Amount: \$ _____

PLEASE CHOOSE FROM THE FOLLOWING:

- I do not want tickets. I prefer to take the full tax deduction
- I would like tickets. Continuing subscribers will be given first priority seating.

Festival Circle Contributors must choose 3 additional concerts to ensure adjacent seating:

1. _____ 2. _____ 3. _____

Contributors Only — In addition to my contribution, I would like to purchase advance tickets to:

Concert:	# of Tickets:	Ticket Price \$	Total \$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Ticket Purchase \$			_____

- Tribute Fund** — In addition to my contribution above, I would like to donate \$ _____
in honor or memory of:
Name of Person: _____
Occasion: _____

My check is enclosed **Grand Total \$** _____

Please charge my credit card: VISA MasterCard

Card number: _____ Exp.: _____

Name on card: _____ Signature: _____

PLEASE NOTE: Because of print deadlines, it may not be possible to list donations received after **June 1, 2009** in the Program Book. The Belleayre Conservatory is a Not-For-Profit 501(c)3 organization. Receipts for donations will be provided in compliance with IRS regulations; the face value of tickets provided will be deducted from your contribution.

Kindly make checks payable to:
The Belleayre Conservatory

Please mail this form
before May 23, 2009 to:

The Belleayre Music Festival
P.O. Box 198, Highmount, NY 12441

Information: visit www.belleayremusic.org or call (845) 254-5600, ext. 1344