

Thank you for your gift to the Longy School of Music!

Personal Information

Salutation Mr. and Mrs. Mr. Mrs. Ms. Dr. Other (please specify) _____

Name(s) _____

Street _____

City _____ State _____ Zip _____

Daytime Phone _____

Email _____

Gift Information

I/we would like to support this valuable community resource with a tax deductible gift of:

\$50 \$100 \$250 \$500 \$1,000 Other (please specify) _____

I/we would like to contribute anonymously

I/we would like to give in memory/honor of _____

My employer will match this gift (name of employer) _____

I/we would like more information about:

Benefits of becoming a Georges Longy Circle Member

Establishing a Scholarship Fund

Providing for Longy School of Music in my will, life insurance policy, retirement plan or with a gift of stock

Volunteer opportunities

Payment Information

My check is enclosed. (Payable to Longy School of Music) –OR–

Charge my: VISA MasterCard

I/we are making a pledge that will be paid by (date) _____

Account No. _____ Expiration Date _____

Please print name as it appears on the card _____ Security Code _____

Signature _____

PLEASE RETURN COMPLETED FORM TO:

Longy School of Music, Institutional Advancement, One Follen Street, Cambridge, MA 02138