

FRIENDS OF THE VANCOUVER SYMPHONY MEMBERSHIP FORM

Name _____
Address _____
City _____ Prov _____ Postalcode _____
Tel: (h) _____ (b) _____
email _____



Yes, Maestro! I want to support the VSO with my gift to join the Friends of the Vancouver Symphony .

Your benefits & privileges

In appreciation of your tax-creditable gift, the VSO would like to thank you in the following ways:

PRELUDE Up to \$99

- Annual concert schedule and advance notice of events
- Annual subscription to *Fanfare*, a newsletter exclusively for *Friends of the Vancouver Symphony*

OVERTURE \$100 - \$299

All of the above, plus...

- An invitation for two to a Friends-Only Open Rehearsal
- One-time-only 15% discount at The Symphony Gift Shop
- Recognition as a *Friend* in the VSO's Season opening *Allegro* magazine, (unless you request anonymity)

CONCERTO \$300 - \$499

All of the above, plus...

- Two-for-one concert voucher redeemable for any regular symphony concert
- One-time-only 20% discount at The Symphony Gift Shop

SYMPHONY \$500 - \$999

All of the above, plus...

- An additional two-for-one concert voucher redeemable for any regular symphony concert
- An invitation to attend the annual concert sponsored by *Friends of the Vancouver Symphony*

BRAVO \$1,000 - \$1,499

All of the above, plus...

- An invitation for two to attend one Patrons' Circle event
- A pair of complimentary tickets redeemable for any regular symphony concert

A TAX CREDITABLE RECEIPT WILL BE MAILED TO YOU
CHARITABLE BUSINESS NO. 11928 2283 RR0001

Here is my donation of:

- \$50—\$99 \$300—\$499 \$1,000—\$1,499
 \$100—\$299 \$500—\$999 Other \$ _____

I've enclosed a cheque payable to the Vancouver Symphony Orchestra.

I prefer to use my VISA MasterCard AMEX

Card No. _____

Signature _____ Expiry Date _____

My full donation is \$ _____



Donations of \$100 or more will be acknowledged in the first concert program next season. Please indicate how you would like to be listed:

I/we would like to remain anonymous, please do not list my/our names.

Yes! I will support the VSO's monthly giving program

On the 15th of each month, I would like to give:

- \$10 \$20 \$50 Other \$ _____

I authorize the VSO to withdraw this monthly donation amount from my bank account. My cheque marked "VOID" is enclosed.

I would like to make my monthly contributions by credit card. See completed credit card information above.

Signature _____ Date _____

I understand that I may cancel or change my contribution at any time by calling the VSO Development Office at 604.684.9100 extension 246.

Our aim is to keep you informed and to continue building support for Symphony activities in the community. Personal information that you provide to the VSO may be used for any campaigns that benefit the VSO including subscriptions, marketing and sales, special events, fundraising and lotteries. You may opt-out by calling our Privacy Officer at 604.684.9100 extension 250.

VANCOUVER SYMPHONY | 601 SMITHE STREET | VANCOUVER BC | V6B 5G1
TEL: 604.684.9100 | FAX: 604.684.9264 | WWW.VANCOUVERSYMPHONY.CA