

# Maryland Symphony Orchestra Annual Fund

1. Enclosed is my/our gift of \$ \_\_\_\_\_
2. This is a three-year pledge of \$ \_\_\_\_\_ per year for the years \_\_\_\_\_, \_\_\_\_\_, & \_\_\_\_\_  
Please remind me/us: \_\_\_\_\_ Annually \_\_\_\_\_ Semiannually \_\_\_\_\_ Quarterly  
Enclosed is my/our first payment of \$ \_\_\_\_\_
3. This is a sustaining annual pledge of \$ \_\_\_\_\_ per year.  
Please remind me/us: \_\_\_\_\_ Annually \_\_\_\_\_ Semiannually \_\_\_\_\_ Quarterly  
Enclosed is my/our first payment of \$ \_\_\_\_\_

Does your employer have a matching gift program? ( ) Yes ( ) No Employer \_\_\_\_\_  
( ) I would like my gift to be anonymous.  
( ) I would like my gift to be in memory/honor of \_\_\_\_\_  
( ) I would like information about the MSO's Endowment.

*Thank you!*

Name \_\_\_\_\_ Address \_\_\_\_\_  
Please print your name(s) as you wish it to appear in MSO publications.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

email \_\_\_\_\_

( ) Visa \_\_\_\_\_ ( ) MasterCard \_\_\_\_\_ ( ) Discover \_\_\_\_\_

( ) Check: Please make checks payable to the *Maryland Symphony Orchestra*

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_

Signature \_\_\_\_\_

For a copy of our current financial statement write to us at the address on the front of this envelope or by calling 301-797-4000.  
Documents and information filed in accordance with the Maryland Charitable Solicitations Act are also available for the cost of copying and postage.  
Call 1-800-825-4510 or write to the Maryland Secretary of State, State House, Annapolis, MD 21401