



2016-17 Annual Fund Commitment Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

Please accept my contribution of: \$ _____

Donor Recognition and Benefits

I would like to be recognized as a: Classical donor POPS donor

I would like my name to appear in official print recognition as: _____

I would prefer my giving to be anonymous

I decline all benefits with a fair market value making my gift 100% tax deductible as allowed by law.

Choose Your Payment

Check: made payable to the Houston Symphony.

Credit Card:

American Express MasterCard VISA Discover

Credit Card No: _____ Exp. Date _____

Name on Card: _____

Pledge: please send me invoice for payment by (date) _____.

Confirm and Return Form to Houston Symphony

Signature _____ Date _____

Mail: Houston Symphony, 615 Louisiana Street, Suite 102, Houston, Texas 77002 **Fax:** (713) 333-9501

Contact Amber Mullins at (713) 337-8538 or Amber.Mullins@houstonsymphony.org with any questions.