

# ANNUAL FUND GIVING FORM

Thank you for your gift to the MSO! Use this form to enclose with your gift or inform us of a future gift.

## DONATION AMOUNT

☐ \$2,000 ☐ \$1,000 ☐ \$500 ☐ \$100 ☐ \$50 ☐ Other: \$ \_\_\_\_\_

This gift is a: ☐ One time gift ☐ Monthly, sustaining gift\*

\*Please sign for monthly, sustaining gifts: \_\_\_\_\_

## MAKE YOUR GIFT NOW

Select a payment option below.

- ☐ A check payable to Madison Symphony Orchestra is enclosed. (For one time gifts only)
- ☐ Please charge my credit card:
- ☐ VISA ☐ MASTER CARD ☐ AMERICAN EXPRESS

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV: \_\_\_\_\_

OR

## COMMIT NOW & DONATE LATER\*

Select your intended payment method:

- ☐ Personal Check or Credit Card
- ☐ IRA Qualified Charitable Distribution
- ☐ Donor-Advised Fund
- ☐ Stock

\*I intend to make my gift by this date: \_\_\_\_\_

## DONOR LISTING: \_\_\_\_\_

☐ I prefer to remain anonymous.

## CONTACT INFORMATION

Please add your contact information so we can thank you for your gift and keep you informed about donor events.

Your Name(s): \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ This is my: ☐ Cell Phone ☐ Home Phone ☐ Work Phone

## GIVING OPTIONS

Please designate my gift to: ☐ Where it is most needed ☐ Youth Education Programs

☐ I will request a matching gift from my employer: \_\_\_\_\_

☐ I would like to decline any donor benefits.

☐ I would like to discuss making a gift through my will or estate.

## TRIBUTE

My gift is ☐ in honor of ☐ in memory of \_\_\_\_\_

Please notify the following person of my gift:

Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## LEADERSHIP DONOR PARKING BENEFIT\* — MINIMUM \$2,000 DONATION

Reserved parking for Leadership Donors is available for subscription concerts and MSO at the Movies performances.

\*The parking benefit has a fair market value of \$80. Contributions from a **donor-advised fund (DAF)** or as a **qualified charitable distribution from your IRA** are not eligible to receive the parking benefit in direct exchange. If you make your contribution from one of these sources, we recommend that you send a payment of \$80 to cover the value of your parking benefit and contribute the remainder of your gift from your DAF or IRA.

- ☐ I wish to **accept** the reserved parking benefit. Please send me a garage door opener and key card.
- ☐ I wish to **accept** the reserved parking benefit. I will continue to use the garage door opener and key card that I have.
- ☐ I wish to **decline** the reserved parking benefit.