



DONATION FORM

Waterloo-Cedar Falls Symphony
Gallagher-Bluedorn PAC #17
Cedar Falls, IA 50614

319-273-3373
www.wcfsymphony.org
office@wcfsymphony.org

MAKE A SINGLE GIFT

\$500 \$250 \$100 \$50 Other _____

PLEDGE TO GIVE

\$2,500 (\$208.33/month) \$1,000 (\$83.33/month) \$600 (\$50/month)
 \$300 (\$25/month) \$120 (\$10/month) Other _____

Contribute to your pledge: Monthly Quarterly Annually

Payments of \$ _____ Start date: ____/____/____ End date: ____/____/____

RECURRING MONTHLY GIFT

Charge the below credit card \$ _____ monthly until I cancel.
Please process my gift on the **1st / 15th** of every month.

DESIGNATION

Annual Fund Education Programs _____
 Concerts/Programming _____
 Other (please specify) _____

PERSONAL INFORMATION

NAME(S) _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____ E-MAIL _____

FULFILLMENT

Please make checks payable to **Waterloo-Cedar Falls Symphony**.

Credit Card: Visa Mastercard Discover American Express
Name on card _____ CVV _____
Card Number _____ Expiration Date ____/____

DONOR SIGNATURE(S) _____

DATE _____