

 **DES MOINES CHORAL SOCIETY**
SUSTAINING FRIENDS

Name(s) _____ (as it will appear in the concert program)

Address _____

City _____ State _____ Zip Code _____

E-mail _____ (we don't share your address)

FOR SOMEONE SPECIAL: My gift is _____ in memory of _____ in honor of _____

NAME (or names)

Please charge my: ___ Visa ___ Mastercard ___ Debit Card

in monthly installments of \$ _____ (minimum \$10.00)

ACCOUNT #

NAME (as it appears on your account)

ADDRESS ON ACCOUNT

EXPIRATION DATE

SIGNATURE OF ACCOUNT-HOLDER

___ I acknowledge that DMCS will charge my credit card for the above stated amount on the first of every month unless I contact the office with changes

___ I acknowledge that no benefits are received from this donation

To become a Sustaining Friend of the Des Moines Choral Society, fill out, sign and return to:

Des Moines Choral Society, PO Box 93852, Des Moines, IA 50393-3852.

If you have questions, please call (515) 273-5255, or email us at dmcs@dmchoral.org.

THANK YOU FOR BECOMING A SUSTAINING FRIEND!