



Compass Music and Arts Foundation
P.O. Box 418
Brandon, VT 05733
802-247-3000
info@cmavt.org

Donation Form

Donor Information

Date _____

Name _____
Address _____
City/State _____ Zip _____
E-mail _____
I wish to be added to the mailing list <input type="checkbox"/>
I wish to remain anonymous <input type="checkbox"/>
I/We wish to make this donation in <input type="checkbox"/> honor of or in <input type="checkbox"/> memory of: _____

Donation

Donation Amount <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 Other _____

Payment

Please make checks payable to: Compass Music and Arts Foundation
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number _____ Exp. Date _____
Cardholder Name _____
Signature _____

Thank you for your support!