

Twin Cities Catholic Chorale Donation Form

☐ \$25 Donor ☐ \$50 Sponsor ☐ \$100 Patron ☐ \$250 Associate ☐ \$500 Benefactor ☐ \$1,000 Guarantor ☐ Other \$ _____

Please fill out information below completely. Print all information legibly. Thank you.

Date _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Email address (optional) _____

Payment Information

Please select a payment type

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover ☐ Check # _____

Card number: _____

Name on card: _____

Please print

Expiration Date ____/____/____ Verification Number: _____

Credit Card Billing Information

☐ Check here if billing address is the same as above

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

☐ Please send me information about the Twin Cities Catholic Chorale Season.

☐ Please put me on your mailing list. Your information WILL NOT be sold or given to any other organization.

Mail form to:

Twin Cities Catholic Chorale
548 Lafond Avenue
St. Paul, MN 55103