

Name			
Mailing Address			
City/State/Zip			
Phone		Email	
Amount of donation		-	
Check enclosed (payable to	) PianoArts) 🗖 Cred	lit card one-time cha	arge (VISA, Mastercard, Amex, Discover)
Credit card #		Exp	CVV
Signature		Today's date	
Please acknowledge my/our p			elow:
	-		ne in any printed donor recognition lists.
□ This gift is (circle one)	In Honor of	In Memory of	In Celebration of
The person's name (Please provide contact inform	nation for an acknov	vledgement to the he	onoree or family.)
□ My employer (or my spous	e's employer) will n	natch my gift. The pa	aperwork is enclosed.
□ With a gift of \$500, I/we w	vish to sponsor a Pia	noArtist-in-Resdien	ce during the 2024-25 season.
□ I wish to contribute to Tick	ets for Kids (\$15 pe	er seat.) Check enclo	esed or by credit card: \$
Send this form and your don PianoArts of Wisconsin, Inc.			e made online <u>www.PianoArts.org</u> sconsin is registered as a non-

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