Please mail to:

Mosaic Steel Orchestra Attn: Development PO BOX 6333 Norfolk, VA 23508 www.MosaicSteelOrchestra.org Phone: 757-625-0545 Toll Free: 866-526-0049

Our community represents a mosaic of America's diverse ethnic groups. Your support helps us create unity in the community with youth development programs, recreational adult classes, community performances and much more.

Name:	Your Information:	
Address:	Name:	
Additional Address Line:		
Postal/Zip Code: Country/Region: Email: Home Phone: Work Phone: Comments: \$25 \$35 \$50 \$100 Other Amount \$ I would like to Partner with the Orchestra by making a monthly membership gift of \$ (Please enclose a voided check or provide your credit card information below) Payment Information: Check enclosed Card Type: Visa MasterCard Discover American Express Name on Card:		
Email:	City:	State/Province:
Home Phone: Work Phone: Comments: Work Phone: Gift Amount: \$25 \$35 \$50 \$100 Other Amount \$ I would like to Partner with the Orchestra by making a monthly membership gift of \$ (Please enclose a voided check or provide your credit card information below) Payment Information: Check enclosed Card Type: Visa MasterCard Discover American Express Name on Card:	Postal/Zip Code:	Country/Region:
Home Phone: Work Phone: Comments: Work Phone: Gift Amount: \$25 \$35 \$50 \$100 Other Amount \$ I would like to Partner with the Orchestra by making a monthly membership gift of \$ (Please enclose a voided check or provide your credit card information below) Payment Information: Check enclosed Card Type: Visa MasterCard Discover American Express Name on Card:	Email:	
Gift Amount: \$25 \$35 \$50 \$100 Other Amount \$ I would like to Partner with the Orchestra by making a monthly membership gift of \$ (Please enclose a voided check or provide your credit card information below) Payment Information: Check enclosed Card Type: Visa MasterCard Discover American Express Name on Card:		
\$25\$35\$50\$100Other Amount \$I would like to Partner with the Orchestra by making a monthly membership gift of \$ (Please enclose a voided check or provide your credit card information below) Payment Information:Check enclosed Card Type:VisaMasterCardDiscoverAmerican Express Name on Card:	Comments:	
Check enclosed Card Type: Visa MasterCard Discover American Express Name on Card:	\$25 \$35 \$50 _ I would like to Partne	er with the Orchestra by making a monthly membership gift of \$ (Please enclose
Card Type: Visa MasterCard Discover American Express Name on Card:	Payment Information:	
Name on Card:	Check enclosed	
	Card Type: Visa	MasterCard Discover American Express
Card Number:	Name on Card:	
	Card Number:	
Card Expiration: CCV*:	Card Expiration:	CCV*:
*3-digit code on the back of your Visa, MasterCard or Discover card; 4-digit code on the front of your American Express card.	*3-digit code on the back of y	our Visa, MasterCard or Discover card; 4-digit code on the front of your American Express card.
Signature:	Signature:	

If your company has a matching gift program, please ask your human resources or personnel office for the appropriate forms and guidelines. *Thank you for helping enrich our community!*

Mosaic Steel Orchestra is a 501(c)(3) and contributions are deductible for federal income tax purposes.