

MANHATTAN SCHOOL OF MUSIC — DONATION FORM

* to be mailed or faxed (see below)

I am pleased to provide my support of the Annual Fund with a commitment of:

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(as you would like to be listed)

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My gift will be matched by _____
(please include your company's Matching Gift form)

Enclosed is my check for \$_____ as payment in full. (Payable to "Manhattan School of Music")

Please charge my credit card in the amount of \$_____

Please charge my credit card \$_____ per month / quarter / year until this commitment is met
(gifts of \$1,000 or more, please).

Credit card type: American Express MasterCard Visa

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Signature _____

This gift is in honor of / in memory of _____

**Please return this form by mail to: Department of External Affairs, Manhattan School of Music,
120 Claremont Avenue, New York, NY 10027-4649 (preferred) or FAX 212-749-7561.**

Questions? Please contact Joan Perlman at 917-493-4544.

THANK YOU FOR YOUR SUPPORT.

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